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THIRTEENTH
ANNUAL REPORT

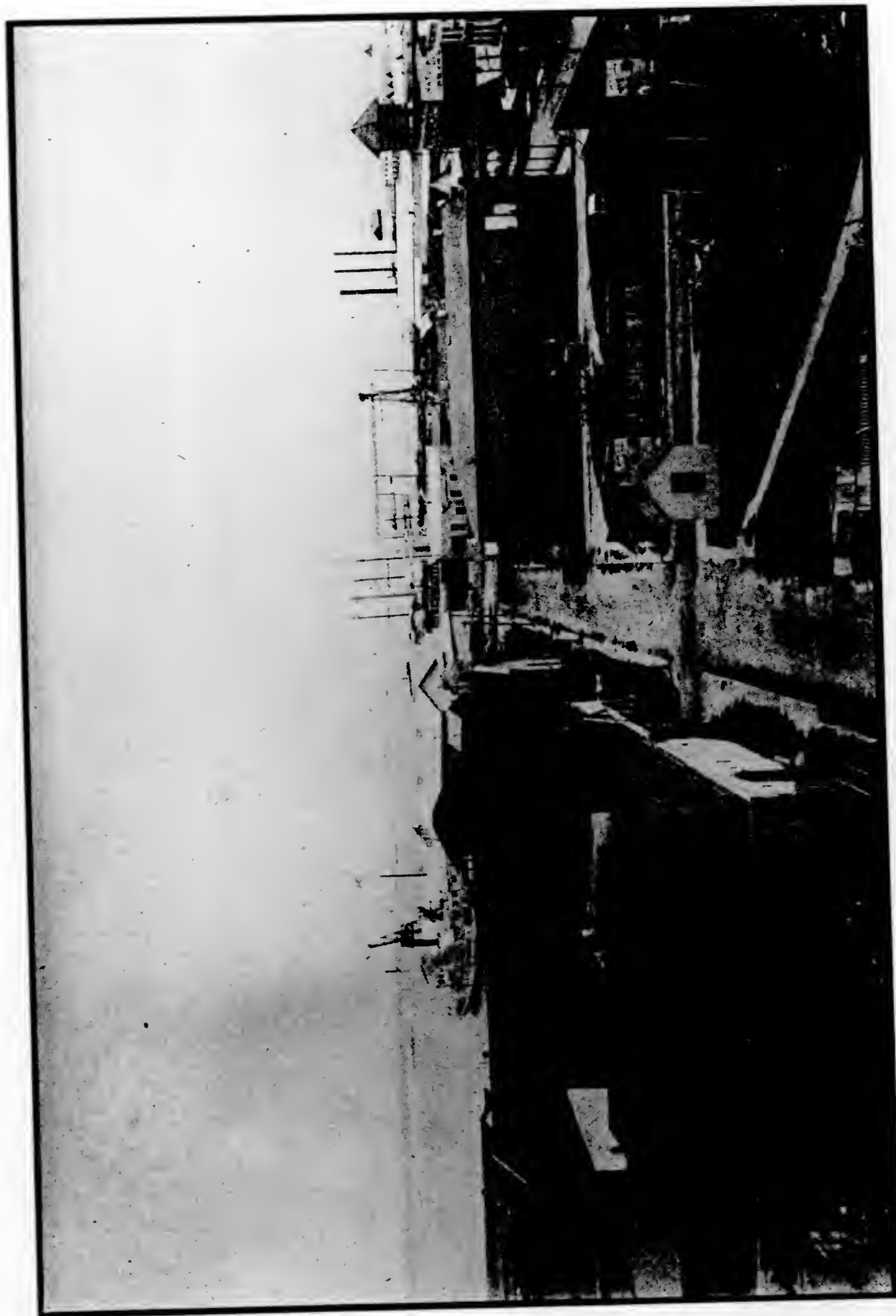
OF THE

STATE BOARD
of HEALTH *of*
FLORIDA



JACKSONVILLE
FEBRUARY 13

===== 1902 =====



View of the Docks at Key West, Florida.

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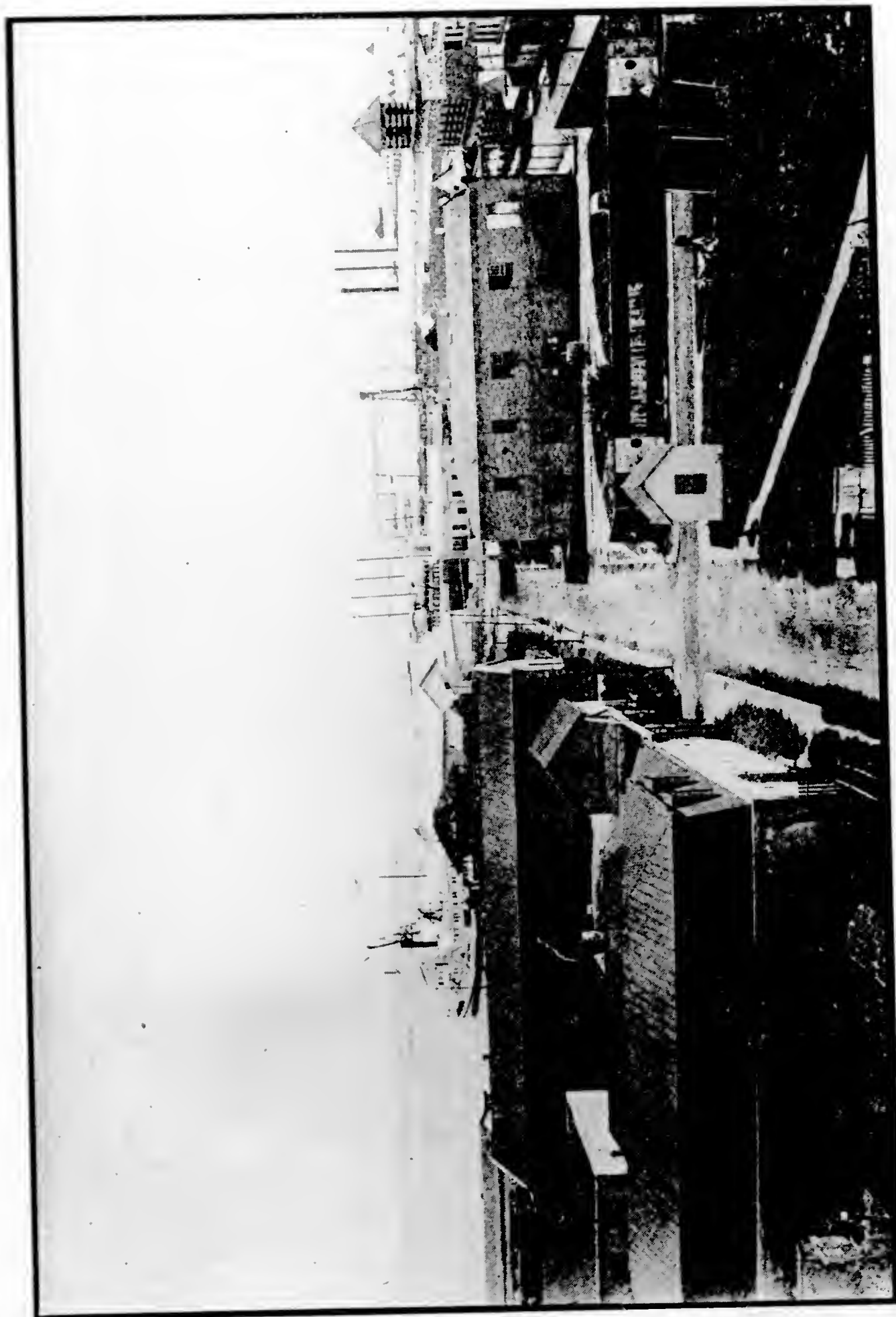
OF THE

State Board of Health of Florida.

JACKSONVILLE, FEBRUARY 13, 1902.

JACKSONVILLE, FLA.
THE GARRETT PRINTING COMPANY,
1902.

INTENTIONAL SECOND EXPOSURE



View of the Docks at Key West, Florida.

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JACKSONVILLE, FEBRUARY 13, 1902.

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THE GARRETT PRINTING COMPANY,
1902.

OFFICERS AND MEMBERS
OF THE
STATE BOARD OF HEALTH
OF FLORIDA.

Appointed June, 1901.

Hon E. M. HENDRY, President.....Tampa, Florida.
Hon. HORACE L. SIMPSON, M. D.....Pensacola, Florida.
Hon. N. B. BROWARD.....Jacksonville, Florida.
Dr. JOSEPH Y. PORTER, State Health Officer and
Secretary.....Key West, Florida.

Office of the Board: JACKSONVILLE, FLA.

LETTER OF TRANSMITTAL.

Jacksonville, Florida, February 11th, 1902.

To His Excellency W. S. Jennings, Governor of Florida.

SIR:

The statutes of Florida impose upon the President of the State Board of Health the duty of representing to the Governor of the State what may have transpired in health matters during the year, together with such recommendations for a future improvement of sanitary conditions, and health government of the State as may serve the people by conducing to their lives and commercial activity. Accordingly I herewith present you with the Annual Report of the State Health Officer for the year 1901, which my colleagues and myself not only approve, but highly commend to you for favorable consideration.

We heartily approve of the recommendations of the State Health Officer for a Bacteriological Laboratory for we recognize the many advantages which must arise from this most useful proposed addition to the State Board's appliances in detecting disease. This subject is ably discussed in the Last Annual Report of the State Health Officer, and is again referred to this year. So, too, do we approve of the restoration of the Tortugas group of Islands to the Marine Hospital Service to be used as a National Quarantine Station, and commend the action taken already to effect this subject, as well as that which is further proposed.

A change of Civil Government in Cuba within the year will probably bring about an altered state of

health supervision of the municipal sea-ports of that Island, and which already the people of the United States anticipating and fearing regard with the keenest solicitude. Aside from the increased freedom from Yellow Fever introduction into our Southern sea-ports which we have enjoyed, as a result of methods introduced and operated by the United States Government since its occupation of Cuba, our commerce has increased and those restrictions which prior to 1898 were considered needful against shipping from Havana during the summer months, have been so greatly lightened that our trade with Cuba has been largely benefited. The State Health Officer calls the attention of the Board to this subject, and his suggestion for a suitable memorial through you and our Congressional Delegation, to the Congress of the United States, praying for a continuance of sanitary control in Cuba, at least for some time yet, is both valuable and timely, and meets with our approval.

By expiration of commissions of the members, the Board was reorganized in June last, when the Honorable N. B. Broward, Honorable H. L. Simpson and myself, who had been appointed as successors, met in Jacksonville, under circumstances peculiarly difficult and trying, the State Board of Health then being not only heavily in debt and in the midst of important negotiations with the United States Marine Hospital Service (Treasury Department) incident to the transfer of the State's Quarantine Stations, but the recent fire in that city had destroyed the office and entire collection of records of the Board, and it seemed then that the work of the Board, as contemplated by the Statutes on health matters, must be started new; therefore, it will be recognized, I think, that my induction into the Presidency of the Board was not under the most favorable circumstances. As has been stated by the State Health Officer, it was a perplexing task to unravel a confused mass of accounts and to harmonize apparent discrepancies. This was apparent

only for the moment, as the very admirable system of vouchers as kept by the State Health Officer very presently showed.

The Board, during the past six months of 1901, has not only been somewhat embarrassed in its work by lack of suitable office facilities, of room and appliances, which in a business way contributes so largely to a proper administration, but also by the unavoidable necessity of greatly reducing the fixed monthly expenses, now almost to a point of impairing the usefulness of the public health service.

My colleagues, with myself, desire to express to your Excellency our grateful appreciation of valuable assistance received from you in the matter of Maritime quarantine transfer to the Marine-Hospital Service, which is gone into at some length by the State Health Officer in his report to the Board, and which need not here be repeated, except to say that we recognize, but for your interest and personal intervention, we could not have accomplished what was proposed by the Board, nor in such acceptable and mutually gratifying terms to both the State of Florida and the United States Treasury Officials.

Your expressions of confidence in the aims and efforts of the Board toward a health protection and advancement of the State, is most valued and pleasing.

Very respectfully,

E. M. HENDRY,
President of the State Board of Health.

EXECUTIVE OFFICE, STATE BOARD OF HEALTH OF FLORIDA.

JACKSONVILLE, FLA., Jan. 1, 1902.

*To the President and Members of the State Board of
Health of Florida.*

GENTLEMEN—The transactions of the State Board of Health of Florida for the year 1901, being the Thirteenth Annual Report of the Board, are herewith presented, although the very recent publication of the report for 1900 would almost seem to make another report so soon quite unnecessary. It is disappointing not to be able to show more real sanitary work, for at the commencement of the year, and in the report made to you last January, an amount of earnest labor in this line was projected and provided for, which no doubt would have greatly benefited the State by increasing its health reputation, aiding physicians in a diagnostication of disease, have prolonged life, by decreasing sickness and mortality, and would also, it is thought, have contributed very materially to the commercial growth and prosperity of the State. For twelve years the Board had faithfully and zealously studied the life wave of the State, and the health environment of the people, and had thus accumulated and compiled a large quantity of material from which was proposed this year to produce statistics valuable and likewise instructive. A decade record of marriages, births and deaths, which were accurately kept, and for which the Board had received several complimentary notices from other collaborators in the same field, gave a fair basis to form a reasonable if not an altogether accurate estimate of the increase or decrease of population, healthful-

ness of, or prevailing sickness, in the different sections of the State, and from the facts thus gathered, to formulate useful and practical measures to further better the health and living of the people. Besides this compilation of vital statistics, a vast amount of material in the nature of correspondence, and papers relating to the habits, occupation and general welfare of the people in the different counties and sections of the State, had been collected from time to time, and which, by comparison with each other, and with other States under like circumstances of population, both transient and permanent, and commercial life, would have disclosed interesting as well as convincing proofs of the superior excellence of the climate and healthfulness of Florida, as well as a peculiar natural exemption from epidemic influence of those contagious diseases, which when existing or introduced into more northern climates tend to spread or become alarmingly prevalent.

Why this comprehensive work, which was arranged for, and laid out on the "trestle board" of the Board, has not been accomplished, as was hopefully planned when the Board last met in annual session, is explained in a foot note to the Twelfth Annual Report, which only within a few weeks has been issued, and which describes so accurately the situation in which the Board finds itself, that it is here again given:

"The calamitous fire which visited Jacksonville on the 3rd of May last, and which nearly obliterated the city proper from the map, destroyed also the building in which was located the office of the State Board of Health, burning up completely every record and paper belonging to the Board except the minute-book. Thus in a few moments the work of twelve years, in research, compilation and accumulation was reduced to ashes. It is impossible to attempt to estimate the loss which the Board has sustained, for money can never replace the statistical tables, nor the correspondence, nor items of facts and

figures which had begun to make the office of the Board a storehouse of information to the state, and in a great measure to the country; nor is it possible to restore them, except very imperfectly. This explanation is made for the absence of tables and addenda, which throughout the report are alluded to, because the first edition of this report was burned with other papers. It had just been printed, and the day of the fire was delivered to the office of the Board, ready for mailing. Part of the edition was in the office, and a part still undelivered. The whole edition was burned, and the following is taken from a typewritten manuscript copy which, without tables or illustrated cuts, had luckily been filed in the Governor's office at Tallahassee."

The indulgence of the Board, and through the Board, of the people of the State, is therefore asked for the meagerness and incompleteness of transactions of the Executive Officer for the past year, and which, as just related, has been caused by circumstances over which the State Health Officer has had no control. It is to be regretted that the "congratulations" which at the commencement of last year's annual report were offered "upon the very favorable and promising conditions with which the Board enters into its thirteenth year and into the twentieth century," were not realized, but as depressing and discouraging as was the state of affairs immediately following the destruction of the office of the Board, with very little to work from and nothing to work with, nevertheless the Vital Statistic Division has been started anew, that the future Registrar may in another decade have "facts and figures" from which instructive data can be developed. As yet the Board has but temporary offices, and has been only able to conduct such necessary correspondence as would keep its Executive Officer in close touch with Municipal and County Health Authorities. It is hoped that as buildings are erected in Jacksonville and offices suitable for the purposes of the Board are constructed and equipped, there may be found those whose rental come

within the financial ability of the Board to acquire. It is expected that such will be the case very shortly, when a new home may be found and a speedy restoration to former conditions rapidly made. In this report, therefore, the effort will only be given to the number of fatalities which have occurred in the State since the first of June, a period of seven months, and likewise the number of marriages and births for the same period.

There were recorded from the 1st of June to December 31st, 4,513 marriages,* 6,357 births and 3,086 deaths. Accepting the records of seven months as a basis on which to compute the total birth and death rate for the whole year, it will be found that according to the last census of population of 528,542, the annual birth and death rate for 1901 per 1,000 of population is 20.06, for the former, and 10 for the latter. These figures, of course, can only be approximated, for reasons elsewhere given. The birth and death rate for 1900 per 1,000 was 17.99 and 11.24.

GENERAL HEALTH CONDITIONS.

From reports of County Sanitary Agents, "Special Agents" and other correspondents in different sections of the State it is learned that the general health of the State for 1901 was fairly good. It is true that in one or two localities an unusual number of cases of malarial fever developed, owing to extraordinary and abnormal conditions of surroundings and living, but even the death rate of those places was not increased to any appreciable degree over that of former years. An examination of the mortuary tables proved this to be correct, and thus relieved, to a great extent, some nervousness in this direction which had begun to be manifested.

The following extracts of letters to the State Health

*Not accurate; all county judges have not reported.

Officer from the County Sanitary Agents and other medical friends of the Board indicate very clearly and interestingly the "run" of health and sanitary conditions in the several sections of the State:

ALACHUA COUNTY.

DR. J. HARRISON HODGES.

The health conditions of Alachua County during 1901 have varied considerably from those of the year previous. During 1900 we experienced the most severe epidemic of estivo-autumnal fever that the country has ever had; while during 1901 there has been comparatively little malaria in any form.

Smallpox continued to prevail to a slight extent during the early part of the year. There were one or more cases of the disease near Newberry, Rochelle, Archer, Hainesworth and Gainesville. But during the latter half of the year there has not been a single case in any part of the county.

The county owes this highly desirable and profitable immunity from the disease in a great measure to the faithfulness and efficiency of Dr. E. Lartigue, special agent for the State Board of Health, whose intelligent supervision of the situation has contributed more than any other cause in ridding the County of the last vestige of it.

As the year closes, the County is threatened with rather a severe epidemic of scarlet fever. This disease has never prevailed here before, with the exception of a few sporadic cases, and the local authorities were slow to adopt the necessary precautions against the spread of the disease. But now the County Commissioners and the City Councils in the larger towns are enforcing rigid precautions and disseminating a great deal of valuable information among the people and the disease will doubtless soon be under control; not, however, until at least several hundred cases have occurred owing to the general infection. Cases have been reported from Archer, La-

Crosse, Fairbanks, Yular and Gainesville. The latter place, with commendable spirit, employed a City Health Officer at a salary of \$100 per month to enforce quarantine and isolation precautions, and look after the fumigating. With these exceptions there has been nothing in the health condition in the County during the year that requires our special comment. For the most part the people are prosperous and happy and enjoying good health.

DR. E. LARTIGUE.

The health conditions prevailing during the past year in Alachua County as a whole have been good. There has been less malarial and typhoid fever than for several years previous. Smallpox made its appearance during the spring months at six places in the County, but was promptly taken in charge by the State Board of Health and eradicated.

During the months of November and December there were a great many cases of scarlet fever in Gainesville and other parts of the County, but as soon as the proper measures were taken by the city authorities of Gainesville, and the County Commissioners, the disease abated.

The sanitary condition of the City of Gainesville and the towns throughout the County and country at large were very good.

BRADFORD COUNTY.

DR. JNO. C. WILLS.

The health of Bradford County has been very good during the past year. Several cases of scarlet fever were reported from the west side of the County, with two or three deaths. There have been various kinds of fevers of malarial origin, but no sickness at any time assuming an epidemic form.

Our people are becoming better informed every year as to the importance of strict sanitation as their only

means of guarding themselves against diseases that are preventable, which realization I attribute in great measure to the personnel of the medical profession in Bradford County, who compare very favorably with any community in the State.

BREVARD COUNTY.

DR. W. L. HUGHLETT.

The health of the people of this (Brevard) County has been generally good throughout the year, the birth rate above normal, and, I should say, the death rate lower than usual.

The climatic conditions have averaged very satisfactorily and we escaped the severe gales which frequently prevail in the autumn. We have had our full share of mosquitoes, but no noticeable increase of malarial troubles (?). Perhaps the malarial bearing mosquito has not yet reached our coast.

We have had no cases of yellow fever, plague or smallpox during the year. The milder eruptive diseases, measles and chickenpox, have cropped out in several places, but no epidemic. There have been a few cases of typhoid, but no epidemic of this fever. We have had quite a general visitation of scarlet fever, for the most part recognized as scarlatina. In several places this has been quite prevalent, but generally with very little or very low mortality. In certain places no restriction was put upon adults having scarlatinal tonsilitis, and it has been observed that in these places scarlatina has spread.

The writer is of opinion that this form of tonsilitis is highly infectious and should be watched, in fact no mistake would be made in the strict isolation and disinfection of these patients.

CITRUS COUNTY.

DR. J. S. FELLOWS.

I am pleased to report the health of this portion of Citrus County the past year exceptionally good. No epidemic, but two cases of smallpox, both very mild; two cases of scarlet fever in one family; no death.

There has been less sickness in proportion to number of inhabitants than I have seen in forty-eight years spent in the practice of medicine.

COLUMBIA COUNTY.

DR. W. R. CHALKER.

The health of Columbia County last year, 1901, was, I think, good, rather better than in 1900. About the first of May we began to have a few cases of scarlatina, in a mild form, which continued every few weeks up to November.

There were a few cases in all parts of the County, and in many cases could not be traced as coming from any one case. The large majority of the cases were mild, some very mild; yet there were a few deaths from it. There were a few cases of smallpox scattered throughout the County from February to September, but since September I have heard of no case in the County. It looks as though we might be through with that pest.

The continued fevers are decidedly less than usual.

There have been a few cases of measles in Lake City, of a very mild type. Mumps has been prevalent in some sections.

The sanitary condition of the County I think fairly good. In Lake City we have a supply of excellent water—artesian.

DESOTO COUNTY.

DR. LUBY S. SMITH.

The sanitary condition of DeSoto County is good. Since my return on August 1st there has been very little sickness, and what there was has been of the usual type—malaria. I have just learned to-day of a case of scarlet fever about two miles from town. I have not seen this case, but from the evidence obtainable I should judge it to be a genuine case of scarlet fever. Where it originated I am at a loss to know. The child, I understand, has not been away from home, and there being no other case in the County, the origin is obscure.

I think I can safely say that there has been less sickness this fall than any season during my residence in DeSoto County.

DUVAL COUNTY.

DR. F. D. MILLER.

The general health of Duval County for the past year was anything but flattering; almost the whole population, with few exceptions, suffered with one to a dozen or more attacks of fever in one form or another, viz; remittent, intermittent, complicated in many instances with grave sequelae, such as gastro-intestinal catarrh, followed by slow continued fever with slight remittent symptoms, but otherwise similar to a specific typhoid; also a few cases of a hemorrhagic type, but less marked than the year previous. Various causes have been assigned for this condition, especially the great fire of May 3d, water hyacinth, etc., but the water in no wise, except the decomposition of vegetable matter.

In the first instance, as stated, remittent and intermittent and its sequelae prevailed, as malaria is absolutely the cause of these conditions, escaping sewer gases

and earth closets could have nothing to do with causing same. Fevers prevailed all over the County, and was especially observed along the river villages, viz: Mandarin, Chaseville, Cummer City, New Berlin and as near the mouth of the river as Fulton, Mayport, Pilot Town and along the immediate coast line of Ft. George Island and Pablo Beach, ten miles south of the St. Johns lighthouse, which proves conclusively that the local surroundings have nothing to do in causing the prevalence of fevers prevailing. In my opinion, the causes are purely climatic. For the last three years we have had very heavy rainfall in the early spring, and prevailing continually through the summer, thus being a most favorable condition for the propagation of mosquitoes caused by standing water in pools, ditches, etc., that are usually dry during the summer months. The water hyacinth in itself is regarded as beneficial, being a clean, healthy plant, much relished by cows, hogs and poultry, going to prove that it is in no wise noxious; when growing close in shore it adheres to the mud flats and grows to enormous size, effectually screening the sun, and the roots absorb all decaying and noxious matter, purifying instead of contaminating the atmosphere.

Another condition prevailing along the St. Johns and tributaries is the abundance of fresh water the last three years, salt water tides seldom reaching as high up as Jacksonville, most of the time the water being perfectly fresh, when in past years salt tides prevailed many miles up the river and its tributaries, until this year the fresh water was so high until the sewers were rendered useless in many instances.

Smallpox had been stamped out in this County until this fall a few cases traceable to other cities have prevailed in a very malignant form. The worst to contend with at the present time is scarlatina, and only obtainable in Jacksonville, but the disease to my certain knowledge prevails, and has prevailed, in many parts of the County and surrounding towns. It is necessary that some steps

be taken to look after these cases in the County, or at least try and educate the country people to observe better sanitary rules, at least the immediate surroundings.

In Jacksonville most of the cases have been sporadic, showing no center of infection, often attacking very young children that have been isolated within their own premises; the only reason assigned for this is that the infection is carried in the clothing of negroes, as very few cases among this race have been reported. Am satisfied that the disease has prevailed extensively through the negro section of Jacksonville during the last year or two.

Other conditions here will come up to the usual average of past years.

ESCAMBIA COUNTY.

DR. WARREN E. ANDERSON.

During the year there have been thirty cases of scarlet fever in the County, with only one death. A majority of these cases can be traced to Alabama, where in the lower Counties the disease has been existing the greater part of the time, and daily communication has been uninterrupted with this city. All cases have been promptly reported and precautions taken to prevent a spread of the disease.

In every instance the premises have been thoroughly fumigated, and in not a single case has a recurrence of the disease taken place in the premises so disinfected.

DIPHTHERIA.

October 25, 1901, a case of diphtheria occurred in the practice of Dr. W. E. Anderson in the person of a white female, aged four years, the daughter of W. T. King, an expressman. The child died on the 27th of October, 1901, and was privately buried a few hours after death. The house, bedding, clothing, etc., were disinfected in a very

thorough manner, and although there were several children in the house, more or less exposed, no other case occurred.

December 1st, 1901, Dr. J. Whiting Hargis reported a case of diphtheria in his practice, in the person of a white female, aged four, the daughter of Mr. Gilliard, an upholsterer, living in the central portion of the city. All necessary precautions were taken; the child died the next day and was privately buried. The premises were disinfected thoroughly and no other case occurred.

The health of the County has been better than for the past four years. No diseases of an infectious character other than those noted have occurred. Even malarial fevers have not been reported since last May.

The office of the Board of Health here is called on nearly every week by home seekers, and in each instance all information regarding health matters and sanitation has been tendered them.

The County is in a fair sanitary condition.

FRANKLIN COUNTY.

DR. E. L. STEWART.

The year 1901 was marked by more than the usual number of cases of malaria, though of a mild form.

Smallpox and scarlet fever are reported, also some cases of measles, though I am pleased to state mortality from all causes has been about the normal rate, not above it, I am assured. At present writing I know of not a single case of infectious or contagious disease in the whole County. A case, now and then, of pneumonia is reported.

I think, on an average, Franklin County will show up favorably in health matters.

GADSDEN COUNTY.

DR. G. W. LAMAR.

As in the past, I think Gadsden County will "hold her own" in health matters. During the year we had a small outbreak of smallpox, a few cases of scarlet fever and one or two cases of diphtheria, the latter proving the most fatal. We had one death from smallpox, three from diphtheria, but none that I can learn of from scarlet fever.

The cases of smallpox were of a very mild type, and with vaccination and isolation were readily controlled. Scarlet fever cases also were mild. The diphtheria cases were anything but mild, and proved fatal in from twenty-four to forty-eight hours; but luckily they occurred in remote parts of the County in sparsely settled neighborhoods.

Aside from these troubles there has been nothing out of the usual run. Some fevers of different types and a few cases of dengue fever left over from 1900.

So taking everything into consideration, I would say that our people have a great deal to be thankful for in the line of health.

The sanitary condition of the County at present is good.

HERNANDO COUNTY.

DR. S. STRINGER.

At the close of the year it becomes my duty to report the sanitary condition of this county during the past twelve months.

There has been very little severe sickness in the County until during the past three months, when scarlet fever made its appearance in our midst and caused several deaths, but the majority of cases of this disease was of simple form or type. It lingers with us, but only in sporadic cases.

During the early spring and summer the only ailments in the County were of malarial type, but of very mild character. I am very glad to say that smallpox has not been heard of in Hernando County during the year, although a large number of turpentine and railroad laborers have been employed here.

During the rainy season the precipitation was not as great as has been some years, although sufficient to fill the lakes and streams to the usual standard and saturate the earth to that degree which we have learned to appreciate as a regulator of our unequal climate. The fall of temperature has gone as low as twenty-two degrees on one occasion during December, but our fall and winter has been so regular and pleasant that few catarrhal affections have prevailed.

That dreadful epidemic, la grip, has not visited our County during the past year. We have enjoyed a year of the usual healthfulness of our County.

HILLSBORO COUNTY.

DR. CHAS. WM. BARTLETT.

During the month of January we had a case of smallpox, which was the only case within the city of Tampa. Three more suspicious cases were reported, but they proved not to be smallpox. At the time of the smallpox case some of the citizens became alarmed, and the applications at the office for vaccination were numerous, though they afterwards became less, and during the month of March the only vaccinations done were colored people going to Key West.

During the smallpox scare I tried to get the sick man conveyed to the pest house, but found it impossible to get a vehicle to carry him, and would suggest that some arrangement be made for this in the future. We had also three cases of smallpox at St. Petersburg, and two suspicious cases reported in which the disease had advanced to such a stage that no diagnosis could be made. All

persons exposed to the smallpox were at once vaccinated. One case of smallpox was reported also at Port Tampa. In this case, like the others, the man was nearly well, and it was probably not smallpox, because none of the persons exposed to it took the disease.

Typhoid fever has prevailed in the city of Tampa during the whole year. As the cases are not reported to this office I cannot give the exact number, but fourteen deaths during the year in this city were due to this disease.

From the County I have had no reports of the prevalence of typhoid fever. The cases of typhoid fever could not be attributed to the contamination of the water supply of the city, and to me it seems to be attributable to the flies carrying the contamination from the open privies. Although the city of Tampa has now extensive sewerage, connections with the same are few, and we still continue to use the old style of privies which we had before the sewerage was put in.

In connection with typhoid fever I will say that there is a house on Taliaferro street in which Dr. Green has had a case of typhoid fever every year since the Spanish war. This year the house was thoroughly disinfected.

Scarlet fever made its appearance in the city of Tampa during the month of July, though Dr. Green, the City Health Officer, received no report until the early part of August. On investigation by Dr. Green and myself it was found that ten cases were not reported that took place in July, and probably there were a number more that we did not find. The cases in Tampa have been of such a mild type that it is my belief that a good many cases were not reported and no precaution was taken, and that has been the cause of infection. I also believe, but have no legal proof, that some of the physicians have failed to report cases coming to their notice. During the month of August twelve cases were reported, nine in September, ten in October, twelve in November and seven in Decem-

ber, making a total of sixty cases in the city limits and five cases in the surrounding country. Dr. Green, the City Health Officer, has managed the disinfection and quarantining of the houses, using the yellow flags for the notification of the public, which I think has been the cause of our having a less number of cases.

Strict measures were also taken in the public schools, and orders were given that all the children should use their own drinking cups. The school houses were thoroughly cleaned, and the floors scrubbed with bichloride of mercury at least once a week, and children reported sick were not allowed to return to school unless provided with certificates from the City Health Officer or the Board's agent.

In my opinion the health of the city of Tampa has been extremely good for this year, as in my personal experience I have never seen so few cases of summer complaint among the children.

Malaria has also greatly diminished, and this is not only my personal observation, but other physicians of the city have so expressed their belief. When the sewerage of the city is completed and thorough drainage established I think from the present outlook this fever will prevail very little in this city.

JACKSON COUNTY.

DR. P. W. WILSON.

Jackson County has had fewer malarial diseases during 1901 than usual, but suffered an outbreak of scarlet fever. This scarlet fever in nearly every instance was of a mild type.

There were the usual number of seasonal complaints.

Generally speaking, this County is in fair sanitary condition.

JEFFERSON COUNTY.

DR. J. F. WILLIAMS.

The health and sanitary condition of Jefferson County for 1901 has been exceptionally good, better than for the past five years.

With the exception of Scarlet Fever, have had no epidemics or contagious diseases. The Scarlet Fever has been general over the County, but of very mild type, with only two or three deaths reported, and then complicated with malarial fever. Have had very little malarial fevers, and, but few cases of typhoid reported.

DR. A. B. HARRISON.

The sanitary condition of our county is passably good.

We have had very little sickness, compared with the previous year. Probably twenty cases of scarlet fever in Monticello and Jefferson County, with two or three deaths.

Several deaths from other causes among the young, and several of our old citizens have died.

LAKE COUNTY.

DR. W. D. BUSH.

During the year which has just passed, 1901, Lake County has experienced one of the most healthful periods for at least six years past. Very little sickness, and that which we did have in the spring and first months of the year, was pneumonia, bronchitis and colds, and later malarial fevers and mild forms of typhoid fever. There were also two or three cases of smallpox in the east end of the County. At the close of the year some few cases of scarlet fever at Leesburg, which were mild.

Since our people have been vaccinated, and smallpox being of mild form, the fear of such a disease is not as great as in previous years.

When the people are taught that preventive medicine is precaution against disease, and they thoroughly understand the importance of such, then losses by an epidemic and the occurrence will be small indeed.

The sanitary condition of Lake County is good; with its hills and clear lakes and good pure water it should continue in its healthful condition.

LEON COUNTY.

DR. HENRY E. PALMER.

I take pleasure in reporting that the health of the people during 1901 was never better.

There were fewer cases of malarial diseases, and all of a milder type than usual.

Scarlet fever of a mild type prevailed during the spring; about the usual number of smallpox cases were treated. These were isolated and quarantined, and the disease was soon stamped out. Sanitary condition about as usual.

LEVY COUNTY.

DR. R. T. WALKER.

The health of Levy County during the year 1901 was better than in 1900. There was the usual amount of colds and catarrhal troubles during the early part of the year, but no remarkable sickness. In May a mild form of scarlatina showed itself in Cedar Key. It was so mild that for a time no doctor was called in, and the trouble was not recognized until there had been forty or fifty cases. By that time it had spread far and wide over the town, and continued for some time. There were a few serious cases, but most of them were mild.

During the summer there were a number of cases over the County and a few deaths, but usually it was mild.

There were some cases of malarial fever during the summer and fall, but not as much as usual, and nothing like as much as in 1900, and it was not so severe and persistent.

The sanitary condition of the County is fairly good, though there are some needed changes in that line that would be a great benefit to the people.

MANATEE COUNTY.

HON. E. M. GRAHAM.

I am pleased to be able to report that the health conditions existing throughout the whole County have never been better during any one year since my long connection with the State Board of Health, than during the year just closed, and aside from other conditions, which naturally connected with these important matters, I must attribute these favorable conditions to the increasing interest of the public in sanitary matters, with a disposition to observe the rules and regulations laid down for their guidance by the State Board of Health. The education of the people along these lines has been very marked, and the hearty co-operation of the citizens in all matters tending to improve the public health is evidence of the almost total removal of prejudice and opposition. Improved drainage and sewerage and clean premises have been important factors in making Manatee County one of the foremost in the State in the matter of good health and the almost total absence of malignant types of fever and contagious and infectious diseases.

While Manatee is a coast county, and therefore much exposed, nevertheless there has not been a single case of contagious or infectious disease the present year, such as smallpox and yellow fever, the latter of which was the dread of the public a few years since. Through the splen-

did achievements of the health authorities of Florida it has almost ceased to be a menace, and the public now think very little about it in our relations to travel and commerce.

While stating the non-existence of infectious and contagious disease, I can scarcely include the prevalence to a limited extent of scarlet fever in the town of Palmetto, during the months of November and December, because the fevers were so light and so easily and successfully controlled by the resident physicians and town officials, it could hardly be classed as an infectious and contagious disease in their general acceptance.

There were about ten cases in all, and only one death, and the fever, with the exception of one case, was confined to the town limits.

Dr. Phillips, of the U. S. M. H. Service, was sent here by the government to investigate, and he reported to me that the treatment by the physicians and officials was entirely satisfactory to him, after personal inspection of the cases.

A few cases of continued and typhoid fever have been reported, very few, if any, of whooping cough or measles, and the death rate from all causes has been very small.

In this connection, and along the line of vital statistics, there is a prominent defect in the law relating to burial permits, a large per cent of the deaths in the towns never being reported, and in the country the requirement of a burial permit is wholly ignored. There should be some way by which a general observance of this important matter could be enforced.

DR. J. B. LEFFINGWELL.

The sanitary condition of the towns of this County has been fairly good for the past year, but there is room for improvement.

The County Commissioners, municipal authorities and the people generally are rather slow in co-operating

with the State Board of Health. All privies in the towns have the open bucket system and are fairly well looked after. In the County, outside of towns, the sanitary condition is good. The health of Manatee County has been very good during the past year, and, with the exception of a few cases of scarlet fever, we have had no contagious or infectious diseases.

We have malarial fevers of both the intermittent and remittent types, especially in the hammocks, which usually yield readily to proper treatment.

MONROE COUNTY.

DR. C. B. SWEETING.

The general health conditions for the year just passed have been exceptionally good. We have had no sickness of a virulent, epidemic character, and the cases of sickness and the number of deaths have been in a less ratio than in former years. There have been neither scares nor panics, nor the occurrence of those diseases which might occasion them.

In the early spring a few cases of diphtheria were brought to my notice. The proper measures were taken to prevent the spread of the disease by isolating the cases and disinfecting the bedding and premises after recovery.

An epidemic of mumps was with us for a time, and but for a metastasis it would have given very little trouble.

We have had the usual number of catarrhal conditions of the respiratory tract and of the alimentary canal.

The scavenger work of the city of Key West is now performed in a very creditable manner.

The sanitary condition of Key West is fairly good.

NASSAU COUNTY.

DR. J. L. HORSEY.

The general health conditions in Nassau County for the year 1901 have been good, and especially was this true during the first half of the year, for during that period the County was practically free from disease. But during the last half, or to be more accurate, during the months of September, October and November, we were not so fortunate, for during these months malarial fevers prevailed very generally, the disease in most cases being of the intermittent type, with an occasional case of the congestive variety. This disease was the result possibly of the peculiar climatic conditions existing at the time, or maybe were caused by an unwelcome visitation of "mosquitoes," genus "*Anopheles*."

With the exception of a few cases of scarlet fever of a very mild type, no disease of contagious nature has existed in this County during the past year.

OSCEOLA COUNTY.

DR. M. J. HICKS.

During the year just past we have had one case of smallpox and two cases of varioloid in February, but from that time until December we had nothing more than the usual fevers and bowel troubles. During the month of December we had several cases of scarlatina of a mild type.

ORANGE COUNTY.

DR. R. L. HARRIS.

The health of Orange County last year was remarkably good. There was no disease prevailing at any time of the year, an occasional case of Scarlet Fever broke the monotony to some extent, but it was unusually mild and should have attracted no attention from the public.

There are a number of cases in the County and will be I presume for some time to come. When a disease is controlled by no known law, attacking children who have not been exposed oftener than those who sleep with it, ordinary means of preventing the spread by quarantine, fumigation, etc., absolutely do no good—it is time and money wasted. The above may seem absurd, but as I have seen three or four years of it, I know whereof I speak.

PASCO COUNTY.

DR. J. M. ABBOTT.

I have to report the health and sanitary conditions of the portions of Hernando, Sumter and Pasco Counties, in which I do almost two-thirds, if no more, of the practice, is and has been better this year than last. Especially has the sanitary condition improved, except in the colored quarters in camps, and that is a great improvement on last year.

I have endeavored to inculcate in the minds of the laity the great advantage to them of paying proper attention to same. The following describes the territory in which I practice, except when called up and down the railroad to a distance, to-wit: Begin three miles from Dade City, in Pasco; then to Blanton, in said County, Spring Lake, Bay City, Oriole and Fitzgerald to Riverland in Hernando County, and a portion of Sumter to the Withlacoochee river; then to place of beginning. You can see by the territory that I cover, with only Dr. Weaver to assist me, and a few occasional visits from the doctors in the adjoining territory, that we do not have a great deal of dangerous diseases, and if it were not for patent medicines and procrastination of parties calling for medical help we would not have one-third of the practice we do have.

The cases of la grippe were quite numerous during the months of January and February, but were not so difficult to manage as at the same time the year before. A considerable number of cases of pleurisy, called pneumonia by the laity, and a very few cases of pneumonia, as we diagnose it in Kentucky, and some cases of puerperal fever, as the midwives attend to about all such cases in the section above described and elsewhere, so it is only in desperate cases or as a last resort that the medical fraternity are called in. I think midwives should be taught asepsis, but I have never met one yet who did not know more than all the obstetricians in the world, and I do not see how they can be taught, for they would astonish the wisdom of this mundane globe.

The health during March and April was far better than last year at the same time. In March there was a good deal of rheumatic-arthritic trouble, and a little fever.

May and June were very healthy months as a rule, in fact except those living on the edge of swamps, the health of the people was all that could be desired. The most of the diseases in these months were caused by pure carelessness, or, rather, disregard of dietetic and hygienic rules, mostly bowel troubles, especially among children and the very aged. Some few cases of typhoid fever, brought from Manatee river bottoms, and simple fevers and kidney diseases.

In July and August we had a good deal of malarial fever, congestion of the liver, and cystitis. In October there was an improvement in health and about the same diseases as in the preceding months of August and September.

December was the healthiest month we have had in five years, except one case of scarlatina, mild, which recovered and did not spread, owing to strict quarantine effected and carried out. We could ask no more.

POLK COUNTY.

DR. F. M. WILSON.

Perhaps the general health of this (Polk) County was never better than during the year 1901, just past. The predominant trouble, as usual, was malaria, but, as a rule, of an exceedingly mild type.

We were comparatively free from contagious diseases. A few cases of scarlatina in different parts of the County, reported at different times, being the only trouble along this line. A typical form of this disease appeared about Kathleen, in the northern part of the County, last fall, and out of five or six cases there were four deaths. With this exception, I have heard of no other deaths.

The County is in a very good sanitary condition, and everything predicts good health during the present year.

PUTNAM COUNTY.

DR. WELCH.

Palatka and Putman County enjoyed an immunity from diseases of all kinds throughout the year 1901 that was unprecedented. No contagious or infectious diseases were reported. Taking it altogether, it was the most healthy year your agent has experienced in the State after a residence of eighteen years.

SANTA ROSA COUNTY.

DR. C. E. MACDOUGALL.

The health of Santa Rosa County has been remarkably good during the year 1901.

Influenza of a mild type prevailed to some extent through the earlier months of the year. During the summer malarial fevers were much less prevalent than heretofore. Although many of the cases which did occur as-

sumed the continued form, yet they were easily managed by proper treatment, and very few deaths resulted, so far as I can learn.

Whooping Cough was reported in some portions of the County, and measles in the northern part.

The last few months of the year were exceptionally free from sickness of any kind, our usual scourge in the winter, influenza, having failed to appear.

SUMTER COUNTY.

DR. WORTH LOCKEY.

Smallpox has not prevailed in Sumter County this year, and very little lung fever. Some physicians reported scarlet fever, but I saw none. No cases of typhoid fever.

There was a great deal of malaria, but few cases of malicious form. We had no cases of measles or chicken-pox, but had a few scattered cases of la grippe. The sanitary conditions are good.

SUWANNEE COUNTY.

DR. J. E. HANNA.

The sanitary condition of our town, Jasper, and surrounding country is only fairly good. We have had considerable sickness and deaths during the past year from various causes.

The prevailing sickness was typhoid, remittent and scarlet fevers. I would judge about 10 per cent. of the scarlet fever patients died; most of the fatal cases were infants.

The fever has prevailed throughout the county, and there are a few cases yet under treatment. We are having now a few cases of bronchitis and la grippe.

VOLUSIA COUNTY.

DR. HENRY K. DUBOIS.

I have preserved no data from which to make an extended report of the sanitary condition of Volusia County during the past year. A general summary of points of interest is first; freedom from any epidemic, low rate of mortality, and a general disposition to regard the rules and advice of the State Board of Health. Second, the recognition of the infectious character of pulmonary tuberculosis, and the adoption of means to prevent its spread by those who entertain invalid tourists. Third, the general feeling of good will towards the State Board of Health, as manifest during the investigation of complaints for violation of sanitary rules.

A most difficult problem, and one which engages the attention of your sanitary agent, is the supposed swine cholera, first from hearsay evidence, accepted as genuine, but now after a most thorough investigation looked upon with doubt. The microscopic examinations which are now being carried on will show for a certainty what we have to contend with.

During the month of September a most unprecedented rainfall occurred; wells and cisterns were flooded, and for a time it looked probable that sickness would result, but fortune favored the community and very little illness followed.

I regret to say that the damming of old water courses led to bad feeling and appeals to the health authorities. Soft words turned away wrath and all was well.

In conclusion permit me to thank the State Health Officer for many courtesies extended by him, and express my appreciation of the efficient Chief Clerk, Mr. Dur-

WAKULLA COUNTY.

DR. J. H. HUNT.

The health of Wakulla County has been remarkably good during the year 1901. There have been no contagious diseases in any part of the County. Little, or, one might say, no malarial fever. Mortality list perhaps smaller than any other County in the State. As to sanitary condition, it seems to be no use to talk sanitation to the residents; whatever nature has done for them in natural drainage is the only protection from impure well water. In some parts of the County the wells are naturally unfit for use, as they are only surface water obtained from surroundings that must necessarily render them unfit for use. Advice in this regard is unheeded.

WALTON COUNTY.

DR. G. P. HENRY.

The health of this county was unusually good during 1901. The usual quota of colds and a few cases of pneumonia in the winter and early spring, with a mild form of la grippe, about sums up the troubles for the early part of the year.

During the summer the malarial districts (bordering on the streams) had fever, and there were a number of cases of continued fever. These diseases did not prevail to any alarming extent, however.

The fall was phenomenally healthy, and continued so up to January.

There has been no epidemic or contagious diseases to create alarm; the year may be considered unusually healthy.

The sanitary condition of the County is as good as could be, considering the lack of knowledge of sanitary law by the average householder.

There is a matter which confronts the people, and which will become a menace to health and comfort for some time to come. I refer to the fact that the forests have been bought up largely by the naval stores operators, after boxing the trees and exhausting the product, the farm is abandoned, oftentimes burned over; in any event, the old unused boxes serve as mosquito propagators. This menace might measurably be overcome by filling the boxes with clay.

WASHINGTON COUNTY.

DR. F. C. WILSON.

The health and sanitary condition of Washington County for 1901 has been remarkably good. Indeed, this has been by far the healthiest we have had since 1884. We have had no contagious diseases of a serious nature; only a few cases of measles and whooping cough in one or two localities. The malarial fevers and other types of diseases we have had, were mild and amenable to treatment.

It is pleasing to state that there were no "scares" or "frights" or other manifestations of disturbed mental condition as regards health in the State during the past year, which when arising tend as much to demoralize a people in their comfort and commercial life as an actual visitation of contagious maladies; perhaps more so, for the terror of anticipated disaster is oftentimes more horrible and to be dreaded than the real presence of disease.

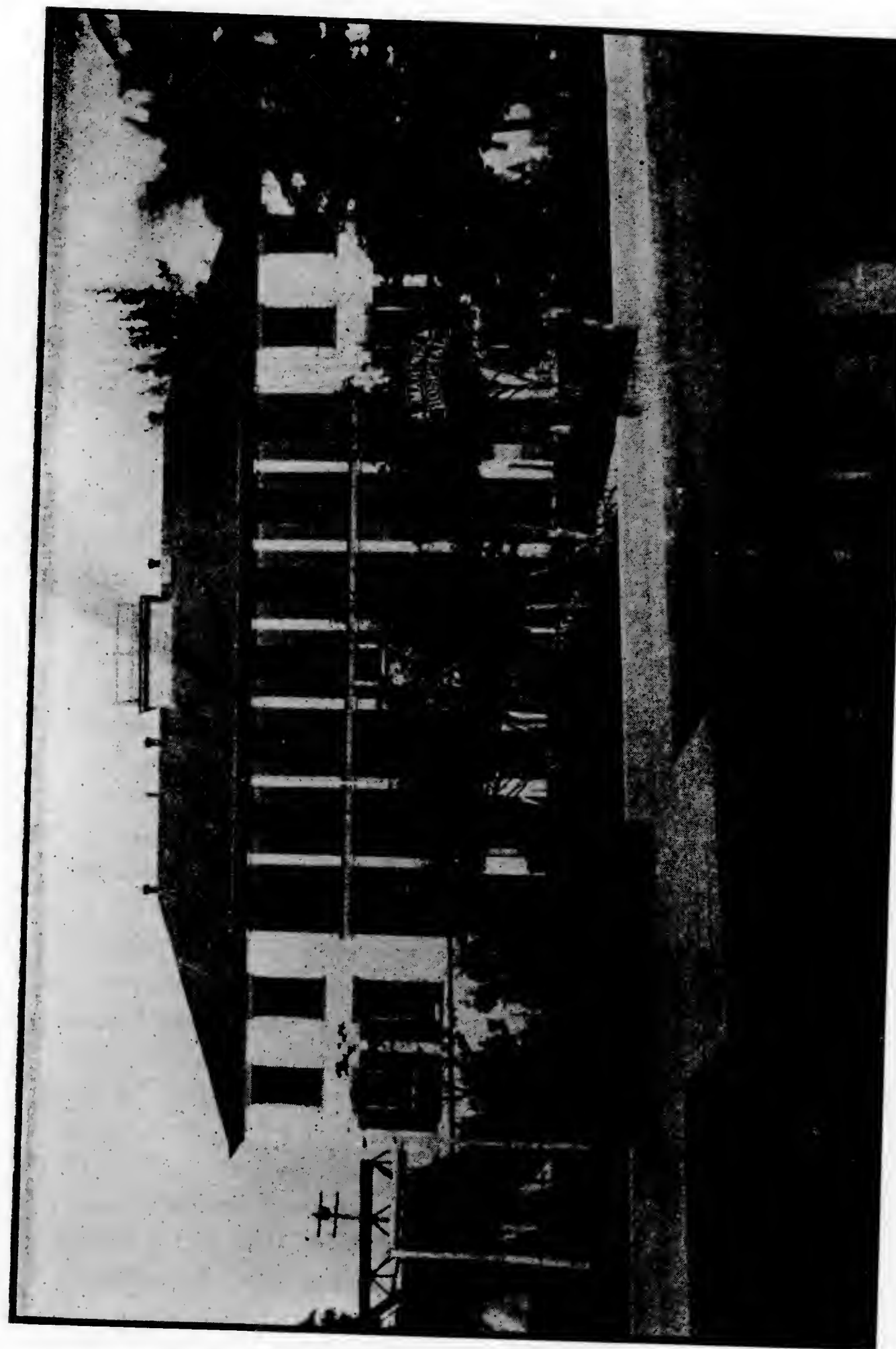
The only "incident" of the summer noteworthy of mention was the case of the steamer "Ethelbrytha," which arrived in Jacksonville from Progreso, Mexico, via New York and Norfolk, Va., and subsequently at

Santiago, Cuba, where yellow fever was reported on the steamer at the date of arrival. A history of this event will be found in the appendix to this report, in the form of telegrams and letters bearing on the subject, but when condensed may be stated as follows:

The British steamer "Ethelbrytha," Captain B. Turgoose, with a crew of about thirty, left Progreso, Mexico, after having loaded there with hemp for eight days. It was not learned from the vessel's log or otherwise that during her stay at Progreso there was any sickness on board of her, and but one case of yellow fever at Progreso, although yellow fever was reported to exist quite widespread at Merida, an inland town connected by rail with Progreso. After leaving Progreso, three of the crew were taken sick with a "fever," and the night before reaching New York one of the men died; the voyage was seven days. On arrival at the New York Quarantine, the sick men were removed to the Quarantine Hospital on Swinburne Island and were considered as "suspicious." A *post-mortem* of the dead sailor seemed to warrant the Health Officer of New York—Dr. Doty—in pronouncing the death as from yellow fever. Subsequently the two sick sailors, who had been removed from the "Ethelbrytha" to Swinburne Island Hospital, rapidly convalesced, and it is stated they did not have yellow fever. The steamer was disinfected and released; at New York the captain was changed, as were also some of the crew. Leaving New York a few days afterwards, she proceeded to Norfolk, Va., where she was examined by the local Quarantine Officer and pratique. During the steamer's stay at Norfolk, which was but twenty-four hours, the captain's wife was treated for some "female trouble," but had no temperature, as is stated by her medical attendant. Less than twenty-four hours after leaving Norfolk Mrs. Turgoose died and was buried at sea. On arrival at the St. Johns River Inspection Station—Mayport—the captain, in his declaration, stated to the Quarantine Officer, Dr. Macauley, that his wife, who was pregnant,

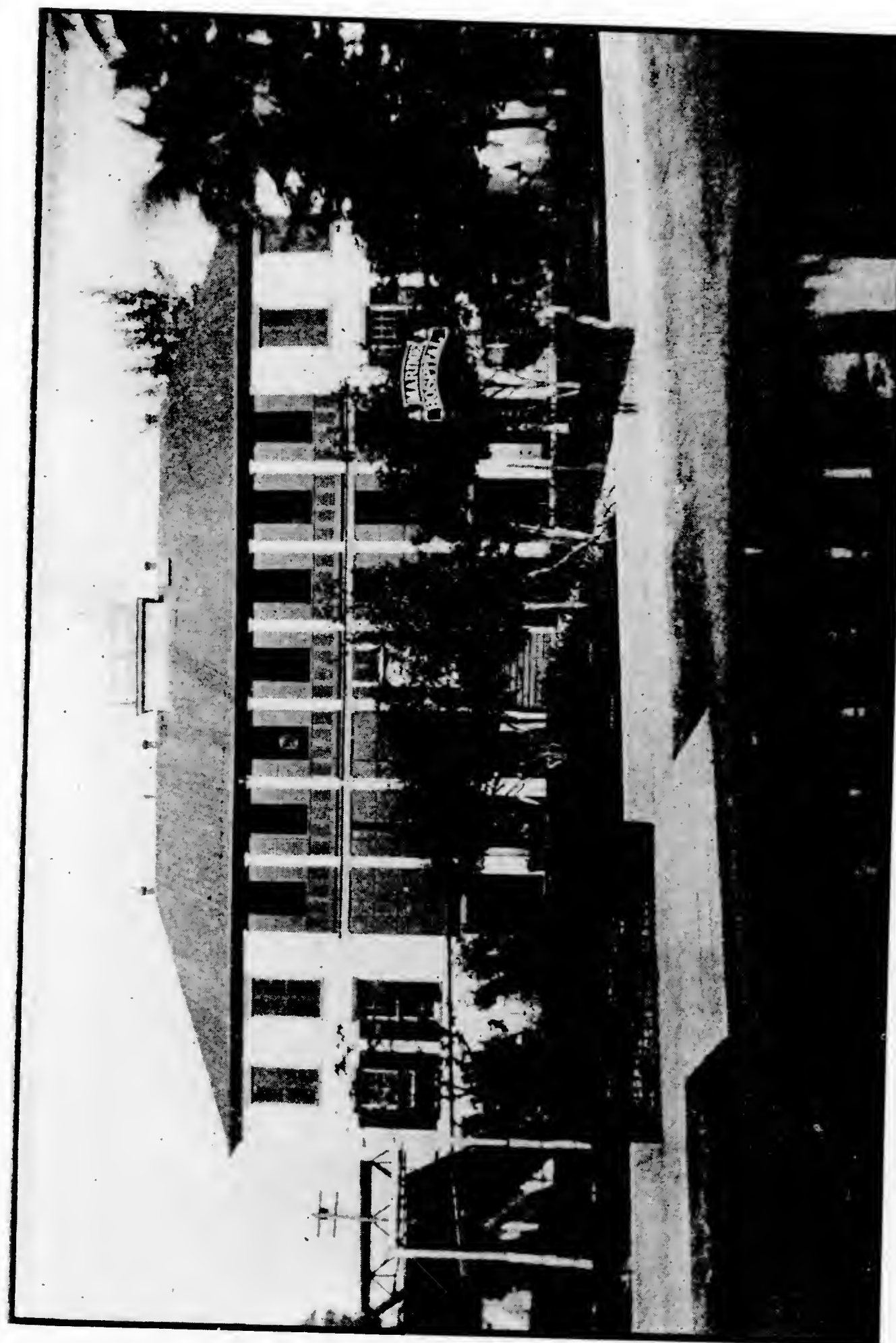
had uncontrollable nausea and vomiting, and during an exaggerated attack of retching she "broke a blood vessel" and bled to death. An examination of the crew disclosed no sickness, either on arrival or since leaving New York. The "Ethelbrytha" remained for twelve days in the St. Johns river loading for Santiago from the "Talleyrand Docks," a shipping point for cross-ties and naval stores about five miles below Jacksonville. While the "Ethelbrytha" was at "Talleyrand" there was no sickness among her crew. Stevedores and others employed in loading her state this positively, and there seems to be no good reason for doubting the truthfulness of their statements. Again, if there had been sickness, the fact would more than likely have been made known to the Marine Hospital Surgeon at Jacksonville, to whom all seamen apply for medical relief, foreign as well as United States. Now comes the very remarkable feature of the incident. On arrival at Santiago, after five days' run from Jacksonville, many of the crew were sick—nine, to be accurate—and one had died. The United States Quarantine Officer at Santiago, Cuba, declared these cases to be yellow fever, and called to his assistance prominent medical men of Santiago and of the Army stationed there, who were unanimous in opinion that the *post mortem* confirmed a diagnosis made during life. These facts were reported to Washington, and Dr. Wyman communicated them to the State Health Officer on September 21st, who was at Key West at the time. Immediately the Assistant State Health Officer was wired in the cipher of the Board to institute quietly a searching investigation of the circumstances, which had been transmitted, pending the arrival of the State Health Officer, who by first boat leaving Key West departed for Jacksonville. On arrival at Jacksonville it was found that already the Assistant State Health Officer had progressed so far in his investigation as to warrant the belief that there was neither yellow fever at Jacksonville or in its vicinity, but the inquiry was, nevertheless, pushed with vigorous zeal. Assistant Surgeon H. B.

Parker, of the Marine Hospital Service, arrived at Jacksonville from New Orleans within a few days, having been sent by Surgeon-General Wyman to assist the State Health Officer in investigation and examination of supposed and doubtful cases. Dr. Parker being an accomplished and skilled microscopist, rendered valuable service in this direction by frequent examination of the blood, not only of the crew of shipping at "Talleyrand" and vicinity, but also of several who were sick in the city of Jacksonville, and in the Marine Hospital, and whose illness was occasioning comment. The microscope invariably, in the cases examined, showed either the full developed parasite of Laverans, of the different types of malarial fever, or half grown organisms of the same character, thus establishing without doubt the existence of malaria. In a case of a young boy of fourteen years, whose type of fever was most malignant, temperature running exceedingly high, with almost constant delirium from the first twenty-four hours of seizure, it was possible to establish the diagnosis before death by an examination of his blood under the microscope, and afterwards to confirm the diagnosis of malaria by a *post-mortem* examination; the pathological changes in the liver and spleen clearly settling that point. So too were blood examinations made of patients in the Marine Hospital at Jacksonville, sailors, whose vessels lay either a bow or a stern of the "Ethelbrytha" at the same dock at "Talleyrand." In the case of the Norwegian steamer "Vidar," which subsequently occupied the berth of the "Ethelbrytha" at the "Talleyrand Docks," during the period covered by the investigation, it was possible with the aid of the microscope before this steamer went to sea to designate several of her crew in whom would develop malaria in some form prior to reaching port. It was afterwards learned that the prognosis had been correctly made, for the U. S. Quarantine Officer at Santiago reported finding malaria on the "Vidar" when she arrived at Santiago, which was her port of destination.



Marine Hospital at Key West.

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Marine Hospital at Key West.

An intense interest pervades this subject, because of conflicting conditions reported to have existed on the same vessel at two different points within such a short period of each other. If the "Ethelbrytha" developed yellow fever among her crew between Jacksonville and Santiago, Cuba, the run being but five days, why, it can be asked, were there not some evidences of this disease shown while the vessel was at Jacksonville, and is it not likely that the impress or markings of the contagion would have been left behind on the stevedores and loading gangs employed on and about the "Talleyrand" docks? If the "Ethelbrytha" was an infected vessel, the infection was imbibed at Progresso, for since leaving that port the steamer had not been at any point where yellow fever remotely existed, or had she been in any suspected atmosphere. The question naturally arises, therefore, how long will the poison of yellow fever remain dormant among unacclimated persons and material? From the date that the steamer was disinfected at New York to the date when the cases were reported or that any member of the crew was sick on the vessel was nearly twenty-six days, an incubative period, according to known views and very recent teaching, entirely too long for the germ to live and propagate.

Conceding that the health officer at the port of New York was correct in his diagnosis of yellow fever, still it must be admitted that the "Ethelbrytha" was thoroughly disinfected, as Dr. Doty certifies to a most complete sterilization of the effects of the crew and the furnishings of both cabin and forecastle. How, then, it can be asked, was the vessel re-infected, and why did not some of the crew, which had been changed both at New York and Norfolk, develop the disease while at Jacksonville? A complex triangular proposition is contained in this case. Three admittedly careful observers certify to occurrences under their observation, but which as facts are opposed to one another. The Health Officer of New York is confident of the freedom of the "Ethelbrytha" from conta-

gious principle of yellow fever when she leaves New York on the 25th of August. The Health Officer of Norfolk, Va., is equally positive in his statement of inspection and pratique on the 13th of August, and the Health Officer of Florida, assisted by a careful and competent observer of the U. S. Government, asserts most positively that between September 22d and 29th they did not find any evidence of yellow fever, either at Jacksonville, at Talleyrand docks, or vicinity, but that they did find the malarial parasite in its different forms both at Jacksonville and at Talleyrand. Therefore, there was naturally, in the minds of these latter investigators, a plausible doubt as to the correctness of the findings of the Health Officer of Santiago, this doubt being reasonably strengthened by the co-existence of similar conditions on other vessels at the same locality both before, during the stay and after the departure of the "Ethelbrytha" from "Talleyrand." Yet the Health Officer of Santiago called to his assistance in forming a diagnosis of the sick sailors of the "Ethelbrytha," besides Government Medical Officers, experienced civilian practitioners of medicine, who are reported to be skilled in the detection of yellow fever, and these assert most positively that the cases of fever on the "Ethelbrytha" at the time of her arrival at Santiago, Cuba, were yellow fever. Who are right, and who is wrong? The question will probably never be decided, and yet it is unfortunate that it is not likely to be, for just such doubts expressed, and disputed cases arising, produce contention and panic when yellow fever is mentioned on the Southern seacoast during any summer season.

Smallpox and scarlet fever have been the special contagious maladies which have engaged the attention of the

Board to any extent during the past year. Smallpox was reported from the Counties of

Alachua—(Had a good many cases at Gainesville and Flemington.)

Bradford.

Citrus.

Columbia.—(Quite a siege at Lake City in the spring.)

Clay.

Dade.

Duval.—(Many cases in the spring, compulsory vaccination ordinance passed by City Council; more than 15,000 tubes of vaccine virus was used in the City of Jacksonville alone.)

Gadsden.

Jackson.

Leon.—(Several cases at Tallahassee and vicinity.)

Hillsborough.—(A few cases at St Petersburg in the spring, and one case in the City of Tampa.)

Madison.

Orange.

And scarlet fever from:

Alachua.—(Quite a number of cases in Gainesville. in fact the whole County seemed to become generally infected.)

Bradford.

Brevard.

Columbia.—(Principally at Lake City.)

Duval.—(Many cases in Jacksonville, and several in County outside of city.)

Dade.

Escambia.

Gadsden.

Hernando.

Hillsborough.

Jefferson.

Leon.
 Levy.
 Madison.
 Manatee.
 Marion.
 Nassau.
 Polk.
 Osceola.
 Suwannee.
 Orange.—(Quite a number at Orlando and vicinity.)
 Volusia.

SMALLPOX.

During 1901 there was a very decided decrease in the number of cases of smallpox in the State over the three past years, and its prevalence was confined to the first six months of the year. During the year 1900, and for the first three months of 1901, it is estimated that the Board had under observation and control, and for which financial obligations were incurred, some four thousand cases of smallpox. The disease, though mild in character in the majority of cases, was yet capable in infecting the non-protected with a most virulent type, as occasionally occurred, and for this reason the mild with the malignant were occasion of deep solicitude on the part of the Board through its Executive Officer. Since the organization of the State Board of Health, in 1889, to the present time, the suppression of smallpox and means to prevent it from a possibility of prevalence in Florida, has been a theme which has been dwelt upon, argued and pleaded for in each Annual Report of the Board. As was said last year, "After all, the remedy lies in universal vaccination of the people and until this is done, and perfectly done—even though, if it must be by compul-

sory enactment—the "fiddler must be paid, if the people wish to dance to the tune of do as you please." Ignorant prejudice and foolish obstinacy should not be permitted to entail upon a Commonwealth an expense in caring for this loathsome disorder, which advanced scientific teaching has proven conclusively can be avoided. This statement is no idle conjecture, or supposition, for the facts are to be had and learned by all except those who persistently will not be convinced or are determined not to be persuaded of truths when argumentatively presented.

Vaccination, carefully and effectively done, has almost eradicated smallpox from Germany, and has reduced the mortality in this disease in that army to an unappreciable number. After the United States occupation of Cuba and Porto Rico, compulsory vaccination, rigidly enforced, very soon rid those islands of smallpox, and a careful oversight of immigration as regards vaccination has since then kept these islands free from the disease. The consensus of opinion of Health Officers and statisticians on this subject everywhere, is that vaccination is the only true solution of the problem of ridding the people of smallpox in epidemic form, for when this preventive means has been employed, even by compulsory enactment, the results have been most surprising and satisfactory.

Does any one read or hear of smallpox prevailing in the United States Army and Navy, even when troops or seamen are stationed at places where smallpox unfortunately occurs among the civilian population? Can any sensible person doubt but that a system of perfect vaccination, which the Government regulations enforce in this respect, does prevent the presence of this disease among the Government employees? There is no chance coincidence in this cause and effect. The State Board of Health knew at the commencement of its labors in 1889, and knows now, that the only certain means of keeping Florida free from smallpox, either in an epidemic form or mildly prevalent degree, is by a thorough vaccination of

the population, and the Executive Officer of the Board has advocated this measure in each Annual Report, and advised its adoption by the people. A very conservative estimate of the number of cases of smallpox occurring in the State during 1900 and the spring months of 1901 places the figures at four thousand. The cases, of course, were distributed over several Counties, as will be seen by the tabular statement just given. The statute of 1899 made it mandatory upon the State Health Officer "to assume charge and management of all and every such case of contagious disease." The statute also directs that "all necessary and legitimate expense attendant upon such case or cases of disease, after the State Health Officer or his agent shall have investigated and determined the same and assumed management and control, shall be paid out of the public health fund of the State on vouchers approved by the President of the State Board of Health." Therefore, the Board and its Executive Officer had no option in the matter, being obligated to carry out the wishes of the people of the State as expressed through Legislative enactments. Although these cases of smallpox were managed at a nominal cost of ten or twelve dollars per case, yet in the aggregate the sum total was considerable, and the treasury of the Board was bankrupted in consequence. Therefore, when the Board met in Annual Session in February of last year, and was confronted with this financial embarrassment, with the causes operating and producing

in which the Board did not see any prospect of relieving owing to commercial demands in the State for imported labor, it promptly concluded to memorialize the Legislature, soon to be convened, for a relief from a state of affairs which had contributed to the nervousness of individuals and communities, and was threatening to consume the total revenue of the Board. (*Appendix.*) The Board requested the Legislature to enact a compulsory vaccination law, and presented a draft of a measure having this purpose carefully specified. The attorneys of the Board spent much time and labor on the proposition, by

minute examinations of enactments of other States, and by consultation of opinions and decrees of many eminent judicial bodies on the subject. Friends of the measure and of Florida's health interest and reputation strongly advocated the passage of the bill. The State press very generally endorsed the many admirable features of the proposition, and members of the Legislature not biased or prejudiced championed the cause of the Board in this respect on the floor of both Senate and House. The measure, slightly amended, but not to such an extent as to embarrass or defeat its salient features, passed the Senate by a good vote in its favor, but failed of passage in the House by six votes. It cannot be thought, however, that this action of the Legislature voices the sentiment of the whole people of the State, for it is unreasonable and unnatural to suppose that the people desire to be taxed for the support and care of an ignorant and non-contributing portion of the State's population—oftentimes migratory—in a sickness which can be prevented at such small cost and individual inconvenience. It is gratifying to record that the young and progressive element in the Legislature of 1901 were uniformly in favor of the bill, the opposition coming, in the main, from those of ante-bellum experience with vaccination during the Civil War of the sixties, when arm to arm vaccination—humanized virus—was practiced, and when probably impure human virus was used, which, with hardships and lack of proper and cleanly attention in field life, due to the exigencies of war, unfortunately caused infection of the sore by extraneous organisms, thus producing painful and oftentimes suppurating wounds. The Executive Officer of the Board asks for a re-reading of what was written on the subject of smallpox in the Twelfth Annual Report, just published, in connection with that now submitted, as clearly defining, and, perhaps, more in detail, the views then entertained, and which although expressed a year ago, are the most conclusively supported now. It was,

among other things, then remarked that "while the expense attending the management of smallpox during the year (1900) had been large, it should be borne in mind, however, that the State statute on this subject is mandatory, and not discretionary, and the Executive Officer of the Board has been left no option in the matter. It is affirmed that the administration has been conservative and economical, and that bills for controlling this class of disease could not have been lessened without defeating the object to be accomplished—namely, efficient management—or somewhat disobeying the laws of the State." As apparently large as has been the expenditures of the Board for this one item of contagious disease, care and management during the past fifteen months—over \$40,000.00—yet it is rather consoling to read that the cost of smallpox in Kentucky during the recent prevalence of the disease in that State has been many times larger than ever Florida was called upon to meet. Quoting from *American Medicine*

In all, 11,269 cases are reported, with 184 deaths, a mortality of 1.63 per cent; 392,280 persons were vaccinated; 408,825 had been previously vaccinated, leaving 1,335,039, or over 62 per cent., unvaccinated out of a total population of 2,147,174. The cash expended on account of the disease was \$308,271, and \$734,000 were wasted from interference with and loss of business. It is thus shown that negligence and anti-science are expensive luxuries—expensive in lives, in money, in loss of work.

The editor of *American Medicine* then tersely asks, "When will the people and their legislators learn the lesson?"

Immediately after the adjournment of the Legislature, in May last, when no additional provision had been made for the care of smallpox or other contagious malady which might be introduced into the State, and tend to

spread, although full representation had been made of the condition of the Board's treasury, on the floor of the House of Representatives, the State Health Officer addressed the following letter to the Governor of the State, which was intended to suggest measures to temporarily relieve the strain on the Board's treasury, yet in no manner to absolve the Board from any obligation to properly guard the health interests of the State. . .

KEY WEST., June 3, 1901.

Hon. W. S. Jennings, Governor of Florida, Tallahassee, Fla.

DEAR GOVERNOR—* * * As the funds of the Board have been exhausted during the past year and the first portion of the year, in caring for the unusual number of cases of smallpox, which the Board has been called upon to look out for under the provisions of the Act of 1899, making such a course mandatory on the part of the Board, and in view of the fact that the Board is behind now some \$8,000.00 or \$9,000.00 to the State Treasurer for money advanced, and the further fact that nearly all of the levy which can be expected for 1900 has been paid in, I would respectfully suggest to you, that as the State's Executive, you call the attention of the Board to this state of the Board's treasury, and say to the Board, that although the Act of 1899 appears to make it mandatory on the part of the Board to care for every case of smallpox, yellow fever or cholera which may occur in the State, yet when there are no funds to expend in this direction the Board will have to cease its efforts for this purpose, unless the counties shall advance the necessary funds, with the expectation that the Legislature will reimburse every county where such an advance is made. You might say also to the Board, in the way of a suggestion, that as the Board seems to have managed the cases of contagious disease which have occurred in the State with economy and success, that the Board continue to do so, provided the counties in which these cases occur in the future will appropriate money for the purpose; supposing always that the Legislature of 1903 will make good out of the State general revenue any sum which may be expended under the

direction of the State Board of Health, and certified by it.

The probable sale of the State's Quarantine Plant at Mullet Key will, in all likelihood, make up the deficit now in the State's treasury, which the Board owes, and will discharge other debts, and will leave sufficient money to carry on the actual expenses of the Board to the end of December.

I will be thankful to you if you can see your way clear to write the Board on the line which I suggest.

I will then suggest to the Board a circular letter to be sent to each Board of County Commissioners, with a copy of your letter, so that the public can learn and understand just "where we are at" in the management of the smallpox question in the State. I suggested measures to eradicate smallpox from the State, but the Legislature rejected my advice and measures. I don't see what more I can do. Certainly the Board cannot take care of cases of contagious disease so abhorrent and disgusting as smallpox is without money to pay those directed to handle it.

Kindly let me hear from you as early as possible, and direct to Jacksonville. Yours truly,

(Signed)

JOSEPH Y. PORTER,
State Health Officer.

A copy of the correspondence which ensued and the circular of explanation to municipalities and County organizations, which was issued, is placed in the appendix to this report, for obvious reasons of space, but are alluded to, because the State Health Officer desires to make plain his reasons for invoking the assistance of the cities and counties in a monetary way. He recognized and maintained to the Board that to wait until a contagious disease became epidemic before interfering in the management or control of the same, was, to use a homely expression, "to close the barn door after the horse had escaped," for the principle and main idea in all health supervision is to *prevent the occurrence* of epidemics or general prevalence by restraining the first case, and thus eliminating the disease from its inception. All epidemics of contagious disease arise from single and first cases.

There was never a spontaneous generation of an epidemic of any thing, for the term is generally accepted to mean—many people affected with the same sickness—and which must arise from a single focus. Therefore, it can be well understood that by dealing with the question in a purely business light, it is more economical to treat and control a single case of contagious sickness than to wait until many are developed (an epidemic), when increased difficulties for suppression must necessarily be encountered. The State Health Officer never intended to advise that the Board should shirk its responsibilities or the obligations imposed by the State Statutes, but only that until the Board's finances could be recruited, that municipalities and counties should *ADVANCE* by loan requisite funds for the purposes set forth in the circular letter of solicitation. It was advised then, and repeated now that a careful account should be kept of each item of expense in this direction, by counties and municipalities, and submitted to the Board for approval. Already, at other times, it has been lucidly explained what are and what are not legitimate expenditures in the management of contagious disease, and what accounts the Board would audit. These accounts, presented to the Board when in funds, should be paid, or would be urged for payment on the Legislature at its next session, which latter course was thought to be yet a better method of adjustment, as making each Representative from counties unfortunately invaded by contagious disease during the interim of Legislative sessions more deeply interested in the subject.

Although the Legislature of 1901 failed to make provisions for the deficit in the Board's treasury, caused almost in whole by the extraordinary expenses attendant upon smallpox cases of the previous year, or for measures which might exclude the disease permanently from the State, yet it is gratifying to know and to state, that notwithstanding the expense of management was large, the disease has decreased in frequency of outbreaks dur-

ing 1901. This has not been the case in other parts of the United States, as learned from the Marine Hospital Service reports. For the six months ending December, 31st, 1901, the number of cases of smallpox reported in the United States was 17,496, as against 7,796 for the same period in 1900. The decrease in this State, it is felt, has been due altogether to the persistence with which vaccination is advocated and insisted upon. Many thousand vaccine points have been freely distributed and used, and the employment of this preventive measure against smallpox thus bears beneficial results.

Much more could be written and said upon this subject, which is so intensely interesting, equally to the Board and to the people whom the Board serves, but although it is thought that enough has been written here and elsewhere to obviously express the views of the Executive officer of the Board, yet as indicating the direction of public sentiment towards vaccination, there will be found in the appendix extracts from articles gathered in general reading, which gives a fair reflex of the public mind, and the high estimation which intelligent and deeply thinking people everywhere place upon vaccination, as the only sure preventive against a horrible and loathsome malady.

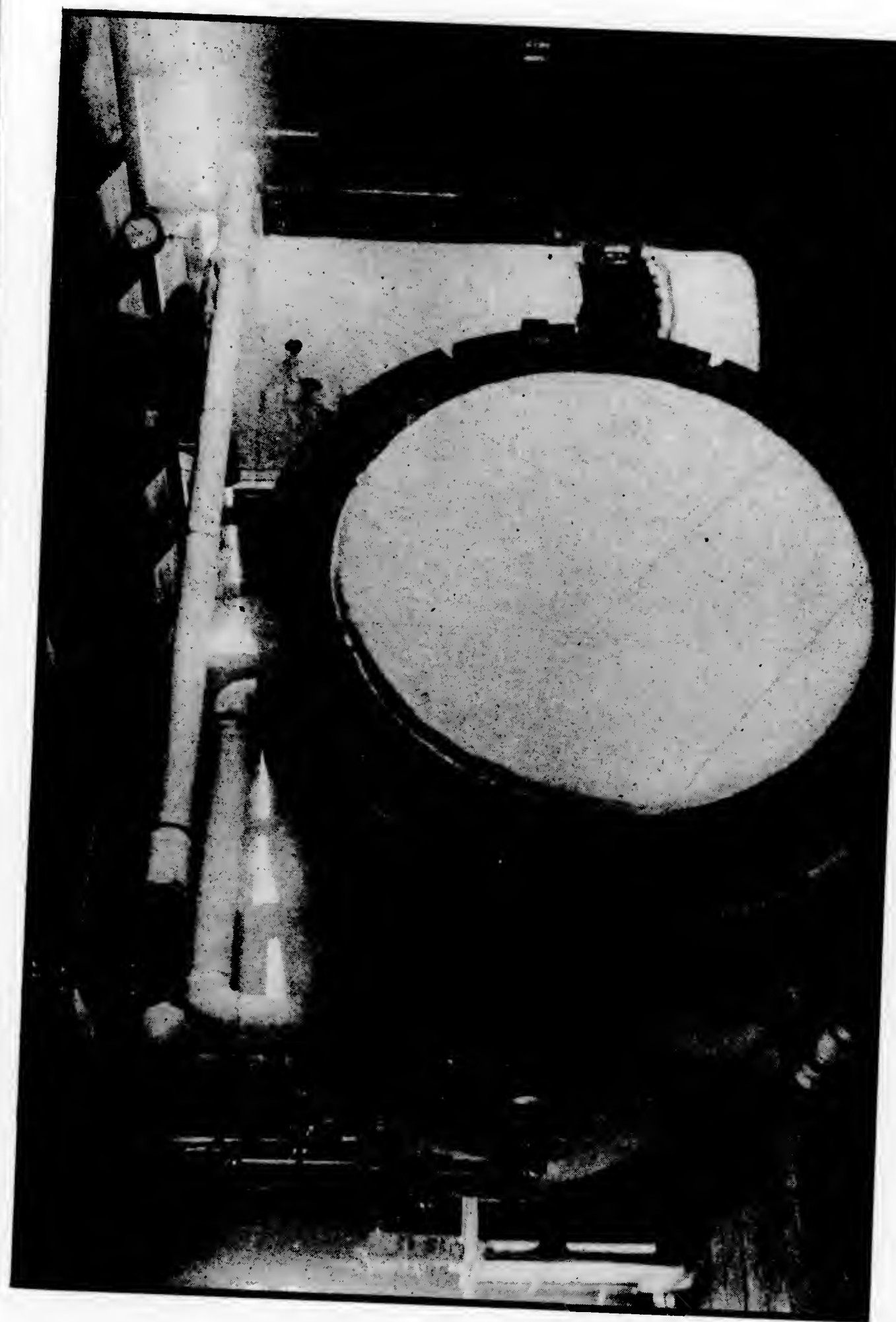
EXPENSES OF SMALLPOX MANAGEMENT IN THE SEVERAL COUNTIES DURING 1901, WITH COST OF VACCINE VIRUS.

Alachua	\$ 399.32
Baker	10.76
Citrus	8.63
Clay	33.63
Columbia	796.78
Duval	1,460.17
Escambia	142.55
Franklin	91.36
Gadsden	141.76
Hamilton	10.76
Hernando	92.50
Hillsboro	135.60
Leon	638.33
Levy	16.50
Madison	204.82
Marion	964.86
Osceola	217.05
Sumter	81.35
Pasco	15.55
Putnam	71.13
Vaccine virus	2,457.95
	<hr/>
	\$7,991.36

NOTE—The above table of expenditures by counties includes the personal and traveling expenses of Agents of the Board while engaged in the eradication of smallpox in each county respectively, but not the regular salaries of Special Agents.

SCARLET FEVER.

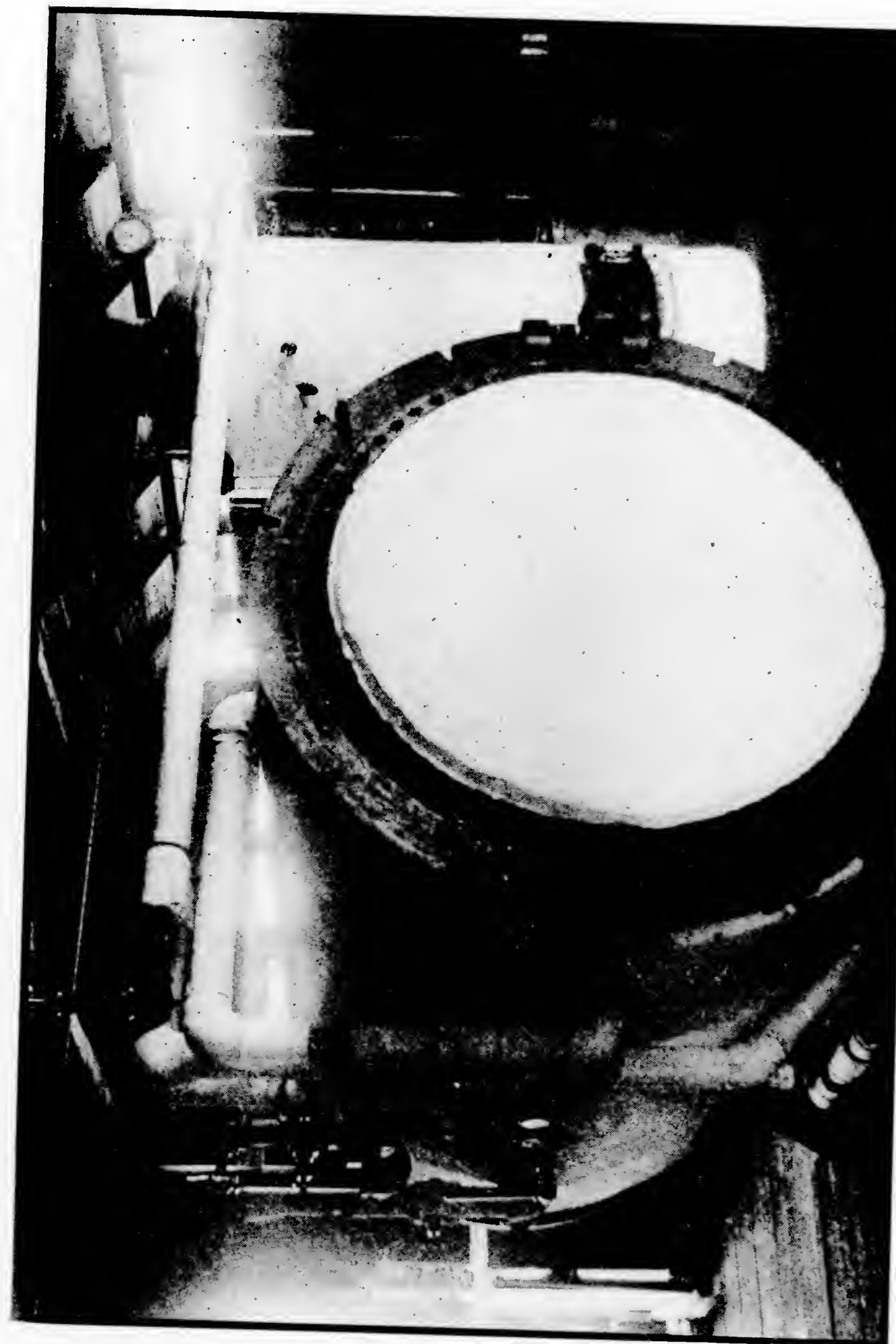
Which was introduced into the State about the 8th of May, continued to spread in different sections, and threatened to assume such alarming proportions that on November 16th the State Health Officer suggested to the President of the State Board of Health that measures should be instituted to control further manifestation, by the State Board of Health taking charge of management, as the statute on the subject of "control of contagious disease" seemed to contemplate. Correspondence with the Governor of the State on financial "ways and means" to effect this purpose followed, and a meeting of the State Board was called at Tallahassee on the 6th of December, in consultation with the State's Executive, to consider this as well as other matters relating to the public health and public health management. Previously the State Health Officer had addressed letters to municipalities, and to individual physicians reporting scarlet fever, inviting attention to certain requirements in any attempted control of the disease, and asked that measures be followed, which were very plainly set forth as absolutely needful to prevent further spread. (See Appendix). The Board was forced by financial embarrassment to withhold active aid and assistance of this character, but approved of the efforts of the State Health Officer to prevent an occurrence of an epidemic. The opinion was expressed very decidedly that if municipalities and communities without municipal government, should show inability to control the disease, then the State Board of Health should and must interpose, even if money for the purpose had to be borrowed from banking institutions. Assistance was also assured from the Governor should an emergency of the kind occur. While at this writing scarlet fever continues to be reported now and again, yet the mildness



Sterilizing Chamber of the Shore Disinfecting Plant, Key West, Fla.

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Sterilizing Chamber of the Shore Disinfesting Plant, Key West, Fla.

of the disease creates no especial alarm among the people, nor does the disease exhibit any greater activity or tendency to become epidemic. The State Health Officer contends that in this age, when preventive medicine has made such strides towards attempting to realize an idealistic living, that for any of the contagious diseases to become epidemic reflects very unfavorably, not only upon the knowledge and ability of the Health Authorities to manage, but upon physicians, and heads of families, who by enforcing the simplest measures of precaution can strangle the disease in its incipency. The management of scarlet fever does not differ materially from the government of other contagious disorders, except that isolation of scarlet fever patients and their nurses should be completely effected, and, like smallpox, seclusion must be maintained until every vestige or sign of desquamation of the "scurf-skin" has disappeared. Even then, disinfection of apartments, with sterilization of articles in and about the sick room, must be made, and in a thorough manner, before it can be said that the patient or premises are safe to the public.

An interesting treatise or monograph on the subject of disinfection after scarlet fever, by Surgeon Geddings, of the Marine Hospital Service, which appeared in the *Public Health Reports* for December 13th, 1901, is given in the appendix to this report. If read in connection with the circular from the State Board of Health, a very clear and concise idea can be had of the contagious principle of scarlet fever, and measures necessary to be instituted to prevent the disease from spreading.

EXPENSES OF SCARLET FEVER IN THE SEVERAL COUNTIES DURING 1901, TO WHICH COUNTIES THE BOARD HAS EXPENDED FUNDS IN THE ERADICATION OF THE DISEASE.

Alachua	\$105.20
Duval	35.71
Escambia	46.72
	<hr/>
	\$187.63

QUARANTINE.

A notable, and probably the most important, feature of the labors of the Board during the past year, was the transfer of operation and management of the Maritime Quarantine System of the State to the U. S. Marine Hospital Service. At the annual meeting of the Board, on the 19th of February last, the President of the Board at that time, the Honorable William B. Henderson, wrote to the Governor of Florida that "in the matter of the State Quarantine Stations, and particularly the Mullet Key Quarantine Station at Tampa Bay, I wish to say, that I am in receipt of a letter dated January 31st, 1901, from the Secretary of the Treasury, in which he informs me that in accordance with the provisions of a recent act of Congress, it is the intention of the Department to establish a National Quarantine Station at that point, and offers to consider a proposition from the Florida State Board of Health looking to the sale of the plant owned and operated there by the Board. Replying to the letter, I suggested that an agent of the Treasury Department might meet with us at this time, when the matter would receive our consideration. Under the circumstances, I of course, favor the disposal to the National authorities of the Mullet Key Quarantine Station for the following reason: When their Quarantine Station is built, should our plant not be sold to them, there would be nothing for ours to do; then, too, our station is built upon land under the control of the Treasury Department. In connection with the disposal of the Mullet Key Quarantine Station to the National Government, I shall also advocate, under favorable terms, the transference of other State Quarantine Stations as well, for the following reasons: It seems to be the purpose of the Marine Hospital Service, acting under the Treasury Department, to control Maritime

health matters; so I deem it wise from a financial standpoint to accede to any proposition from them, tending to the reimbursement of the State of Florida for her outlay in Quarantine Stations. In the second place, there would be no conflict of responsibility or authority, which has in the past been a source of considerable trouble to the Executive Officer of this Board. The State Health Officer, in alluding indirectly to this subject, in his Report to the Board, remarked, that "Much thought has been given to the maritime phase of State health management with a view of lessening the expense of maintenance, both to State and commerce, and it is believed that it would be possible to devise or evolve a plan whereby the General Government would enter into co-operative supervision of this branch of health protection with the State of Florida, by conducting the service and conceding a State oversight and advisory management, which would give confidence to the people of the State, and would not abrogate all State control of shipping entering the ports of Florida." This matter was very generally discussed by the Board and a conclusion reached that the Board had no statutory authority to dispose of the Quarantine Stations of the State or to enter into any co-operative form of management of these Stations with the General Government, however much it might be considered advantageous to the Board or the health interests of the people to do so; that this power could only come from the Legislature, and therefore the representatives of the people soon to be assembled at Tallahassee should be asked to enact a measure looking to the recommendations of the President of the Board and the opinions of the State Health Officer on this subject. Accordingly, through the friendly assistance of the advocates, both in the Marine Hospital Service, and in that of the State, of the proposed change in the maritime sanitary management of the State, a very satisfactory agreement was devised and submitted to the Board by the Surgeon-General of the Marine Hospital Service, through Surgeon Glennan, of that service, who

very ably acted as the representative of the Treasury Department at a meeting held for this especial purpose at Tallahassee on the 21st of May, the proposition of Surgeon-General Wyman was accepted by the Board, and Surgeon Glennan was requested to so notify his Department. (Appendix.) Previous to this a bill had been introduced and passed in both branches of the Legislature, in accordance, as it was thought, with these views. (Appendix.) After the adjournment of the Legislature it was learned that the Treasury Department declined to confirm the action of its representative at Tallahassee, stating as a reason that the State Legislative enactment authorizing the sale and lease of the Quarantine Stations of Florida to the U. S. Treasury Department was in conflict with the rulings and legal views of the Treasury Department officials. A visit to Washington by the State Health Officer, with the Attorney of the Board, also failed to effect a satisfactory adjustment of differences, but at a subsequent visit by Governor Jennings to the Secretary of the Treasury and Surgeon-General Wyman, a plan was devised and accepted by which the Board of State Institutions of Florida would join with the State Board of Health in the sale of the Mullet Key Quarantine property, and would lease under the terms of the agreement heretofore offered by Surgeon-General Wyman, the other Quarantine and Maritime Inspection Stations of the State to the Marine Hospital Service, the sale of the Mullet Key property to be made after appraisement, and the lease of the other Stations to take effect as soon as possible; an appraisement of each to be made later on, which would be taken as a valuation of these stations, which the Treasury Department would pay for at the end of three years, under an amicable understanding of both State and General Government. Accordingly, on the first day of August, 1901, the official transfer of the Florida Maritime Quarantine, with all Quarantine property, was made to the Marine Hospital Service, and the expense to the State of mainte-

nance of said stations ceased on that date. By reference to the appendix to this report, where all the details of transfer and agreement under which the transfer was effected are set forth, it will be seen that the State Board of Health has accomplished a most satisfactory "co-operative supervision of this branch of health protection" with the General Government. The Quarantine regulations of the State of Florida and the U. S. Treasury Department being the same, it was not a difficult matter to effect the change, for the personnel of the "leased" Stations was not altered in any individual employee, and therefore passing from one management to another under these conditions was imperceptible, and, with the exception of a pecuniary maintenance of these Stations, it is hardly yet observed, certainly not unpleasantly felt. The officers and attendants at all the "leased" Stations were retained in the service of the Marine Hospital Service, whose kindly offices with the U. S. Civil Service Commission has been able to make their positions permanent, of course depending upon efficient service and deportment. The State Health Officer of Florida has also been made a Sanitary Inspector in the Marine Hospital Service for Florida, and has had delegated to him by Surgeon-General Wyman the conduct and supervision under the Surgeon-General of the Marine Hospital Service of all quarantine matters affecting the "leased" Stations in the State. As there is but one Station—Tampa Bay—which was sold under the agreement, it will be seen that the Quarantine management remains practically in the same control as before, although under the direction of the Marine Hospital Service instead of the State Board of Health. Surgeon-General Wyman has been most courteous and considerate in his treatment of all his newly-acquired officers, and it is pleasing to note the ease with which the new machinery of maritime quarantine is running, thus confirming the opinion expressed on this subject in the last Annual Report of the State Health Officer, that an arrangement of this nature, on the basis of

co-operative supervision, would increase "the efficiency of the maritime sanitary superintendence of both the State and United States." The people of Florida owe to the State Board of Health a grateful appreciation of its efforts in accomplishing so much of benefit to the State, by adding to its protective oversight, and at the same time decreasing the expense of maintaining this necessary supervision. The thanks of the people of Florida are also due His Excellency, Governor Jennings, for his masterful handling of a complex and intricate question, involved in the "taking over" of the Quarantine Stations by the U. S. Treasury Department last July. It is due entirely to his acumen and conservative business skill, that an arrangement well thought out and planned, it is true, but which would surely have failed to be realized had he not undertaken the task of harmonizing the differences of opinion arising from an unfortunate construction of the State statute by the U. S. Treasury officials. The State Board of Health already has manifested to the Governor by suitable resolution of thanks its appreciation of this token of his good will and favor, and also the timely assistance given the Board on various other occasions. (Appendix.)

The appraisement of the Quarantine Stations was made by a representative of the Treasury Department and an officer of the State Board of Health. In two instances, that at Tampa Bay, and at Pensacola, a member of the State Board of Health acted for the State. The following are the appraisements made, which are also to be the valuation of the Stations whenever it is mutually agreed between the State Board of Health and the Marine Hospital Service that the lease shall be terminated and the Stations sold to the Government:

Tampa Bay Station (sold outright)	\$12,000.00
Pensacola Station	20,000.00
Carrabelle (no appraisement, no property).	
Cedar Keys (no appraisement, no property).	
Roca Grande	3,000.00
Key West	6,600.00
Miami	3,600.00
Mayport	850.00
Fernandina	5,000.00
Apalachicola Inspection (no appraisement, no property).	
Punta Rassa Inspection (no appraisement, no property).	
Making the total valuation of the "leased" Stations \$39,050.00, with a cash sale of \$12,000 for the Tampa Bay Station.	

Before closing the subject it is desired to correct a fallacy which seems without foundation in fact, to be current among the people. Several times since the transfer of the Quarantine Stations to the Marine Hospital Service inquiries have been made as to the further existence of the State Board of Health. By some it appears to have been understood that a change of management of the "Quarantine" necessarily meant a superseding of the Board in all of its functions, and abolishment as an organization. Neither by sale and lease of its Quarantines did the State of Florida nor the State Board of Health abrogate any of the inherent police powers of health control or supervision which the Constitution of the United States concedes, or the Statutes of the State confer and impose, nor can the State Board of Health cease as an integral part of the State Government until the people of the State repeal article 15 of the State Constitution.

The Maritime Quarantine of Florida was administered by the State Board of Health from January to August, 1901, when under an agreement heretofore men-

tioned it was transferred to the U. S. Treasury Department (Marine Hospital Service). Although the State supervised these stations but three months of active management, and the previous winter service had been at a greatly reduced cost of maintenance, yet it is very evident that this division of the State's protective system was quite an expensive item in the Board's yearly budget. Heretofore the shipping of the State having been large, the receipts from inspection and disinfection at the Stations during the summer months had equalled, and, in one or two years, exceeded the current expenses, but this was not so during the year 1900. There was a deficit of over \$5,000, an amount quite difficult for the Board with its enormous—compared with available assets—extraordinary expenditures of the year previous in smallpox and yellow fever items, to "catch up with." The Stations needed repairing very badly, which would further have entailed an expenditure of very nearly twenty thousand dollars, if every requirement of modern equipment was met. Thus the transfer of management and maintenance of the Quarantine Stations was effected at a most timely moment.

From January to July 31st, 1901, the receipts from the Quarantine Stations were \$14,805.73, while the disbursements were \$26,758.52, leaving a deficit to be supplied from the general revenue of the Board of \$11,952.79. The following table exhibits the business transactions of the Quarantines for the several Stations and for the months when operated by the Board:

SUMMARY STATEMENT OF MARITIME QUARANTINE RECEIPTS AND DISBURSEMENTS FROM JANUARY 1ST, 1901, TO AUGUST 1ST, 1901, DATE OF TRANSFER TO U. S. M. H. SERVICE.

	Receipts.	Disbursements.
Fernandina Quarantine Station	\$ 1,020.00	\$ 1,593.59
Mayport Station (settlement pending).		
Miami Station		988.30
Key West Quarantine Station.....	1,481.50	1,715.39
Punta Rassa Boarding Station		210.00
Charlotte Harbor Station	129.50	1,375.79
Tampa Bay Station	2,198.90	1,697.50
Cedar Keys Boarding Station		165.00
Carrabelle & Apalachicola.....	727.00	1,785.88
Santa Rosa Quarantine Station.....	7,448.83	9,210.03
P. & O. S. S. Co. and predecessors, 1901.....	1,800.00	
Payment of note given First National Bank of Tampa prior to 1901.....		4,000.00
Wharf and buildings at Fernandina.....		3,500.00
Machinery and supplies		346.39
Naphtha for Stations		170.65
Deficit in Quarantine receipts.....	11,952.79	
	<u>\$26,758.52</u>	<u>\$26,758.52</u>

The above deficit of \$11,952.79 may correctly be liquidated out of the proceeds of the sale of Mullet Key Quarantine Station, which was sold to the Federal Government for \$12,000.00, the same properly belonging to the Maritime Quarantine establishment.

MEETINGS.

Besides the annual meeting of the Board on the 21st of February, 1901, the Board has met five times in called session during the year 1901: At Tallahassee, on the 21st of May, to consider a proposition for sale and lease of the State Quarantine Stations to the United States Marine Hospital Service; at Jacksonville, on the 18th of June, for the purpose of reorganization of the Board (two new members having been appointed by the Governor), and to elect a President; at Jacksonville again, on the 2nd of July, to consider objections offered by the United States

Treasury Department to the terms of Legislative requirements in the sale and lease of the Quarantine Stations; at Tallahassee, on the 16th of July, to adjust accounts with the Comptroller and State Treasurer, made necessary by destruction of the Board's vouchers in the late Jacksonville fire; at Tallahassee, on the 6th of December, at the request of the Governor, to discuss and determine upon a well defined action in regard to the threatened general prevalence of scarlet fever in the State. In addition to these called meetings, the President of the Board met with the State Health Officer at the office of the Board at Jacksonville, and assisted by his business tact and ability in untangling a confused state of financial accounts which followed the destruction of the Board's records by the Jacksonville fire. The State Health Officer, recognizing the conspicuous service thus rendered him and his office, here expresses his grateful appreciation and acknowledgment of the same.

The total cost of all meetings of the Board during 1901, and which is given elsewhere in tabular form, was \$1,172.70.

At the annual meeting in February, Dr. Joseph Y. Porter, of Key West, was re-elected as State Health Officer for the term of four years, and at the called meeting at Jacksonville, on June 18th, Honorable E. M. Hendry, of Tampa, and Honorable N. B. Broward, of Jacksonville, presented their appointments and commissions as members of the State Board of Health. At this meeting Hon. E. M. Hendry was elected President of the Board, succeeding Hon. W. B. Henderson, of Tampa, whose term as member of the Board had expired.

FINANCES.

When the office of the Board was destroyed by fire last May, ledgers, account books and vouchers were consumed, with every other record, thus emphasizing the

helpless and almost hopeless condition in which the State Health Officer found the affairs pertaining to his work, when he returned from Key West two days later. To prevent duplicating accounts and payment of bills, it became necessary to procure a copy of retained vouchers which had been paid, and which were on file in the State Treasurer's office at Tallahassee. This procedure took some time, in fact, it has only been within a few weeks that the Executive Officer of the Board has gotten the financial affairs of his office in thorough harmony with the State Comptroller and Treasurer. It can be appreciated by those who are, or have ever been "accounting officers," that it is no light task to straighten an apparent indebtedness, with every vestige of paper bearing upon the responsibility passed into ashes. Indeed, had not the superior business tact of the President of the Board come to the aid of the State Health Officer, he would have been "at sea" probably for some time longer. It is pleasant, however, now to note that the confused maze of accounts has been unwound, and, with the other matters of the office, the financial division is running smoothly.

The Board has received from the State Comptroller, through the State Treasurer, since January 1st, 1901, and which includes a period of one year, namely, to December 31st, 1901, \$34,096.85, and has expended for the same period, on duly approved vouchers, \$46,049.64. The former amount does not include money obtained from the Quarantine system—inspection and disinfection of vessels—but the latter statement of disbursements does include the deficit in expenditures over receipts for this especial division of the State Board's work.

In the following table of expenditures the expenses of the Board are separated into "current" and "extraordinary" expense, so that at a glance it can be seen what is the usual and monthly estimate for office management, and what certain exigencies, which could not be anticipated, have actually cost. What was but recently presented on the subject of financial management of the

State Board of Health, in the Twelfth Annual Report, although written a year ago, is equally true and forcible now. It was then said "the money question," which seems to be the moving power in all divisions of society, whether commercial, social, political or religious, plays no less conspicuous part in the administration of the health problem everywhere. As each year passes and the period approaches when it is expected that an account of stewardship shall be rendered to the people, the cost of maintaining the health establishment of the State assumes an aspect of deep concern and anxious solicitude, because of recognition of the fact that the money spent to carry on the work comes directly from the people of the State, as well as on account of an earnest desire to lessen that part of the burden of taxation." It is believed, from an intimate association with the masses for many years, that the people of Florida do not object to taxation for health purposes, but the fact is apt to be overlooked, that with the growth of population and increase of trade and commercial advantages and demands, the Board is called upon more frequently, and to a greater extent, to assist in this development, than the amount of money placed at the command of the Board will justify the Board in attempting to accomplish. To comply with the mandates of the statutes in regard to control and management of contagious diseases in the State, to detect the existence of these diseases among an ignorant and irresponsible portion of the population, to counsel and advise other health organizations in the State as to the best means of bettering their sanitary conditions, and lastly, to supply not only information, but known agencies of protection and suppression against infectious spreading of malignant maladies, requires funds, for actual necessities, and a surplus reserve for emergencies and contingencies, that an embarrassment in management may not be experienced.

It must be borne in mind when examining what may appear to be a large expenditure by the Board during

1901, that many items which were paid for were contracted in the previous year, and the obligations for which could not be ignored without disobeying the requirements of the State Statutes on the subject. Although the State has paid quite largely for eradicating smallpox, yet, in comparison with other States in dealing with this disease, Florida has no just cause for complaint, as reports show that in several counties in other States where smallpox has extensively prevailed, an amount equal to the total for all of Florida has been spent in one county alone, and with not as satisfactory compensatory results. The Board's expenditures, both current and extraordinary, are closely scrutinized at all times, and the most economical management insisted upon, but it is not possible to accomplish the full measure of health protection and advancement without adequate means to do it with. The question for the people to consider is not what the Health Organization costs, but rather, does the results justify the expenditure, and are the officials careful, economical and appreciative of the responsibilities devolving upon them?

In the scale of happiness, health cannot be balanced by dollars and cents. No money estimate can be placed upon human life; therefore it behooves a generous and progressive people to place the health reputation, which the State Board of Health has acquired for Florida, upon a high pedestal of appreciation, and to maintain the standard of excellence in this respect which Florida now enjoys among the other States of the Union.

The Executive Officer of the Board has written so feelingly and freely on this subject at other times, that a further discussion of this phase of the Board's management is deferred, asking that the reports of former years, which deal with this topic in minute detail and explanation, may be again read and considered. Before, however, dismissing the consideration of this topic, allusion is made to an occurrence, which indirectly relates to contagious disease management, and the supposed conviction

of the people thereto, which a few moments ago were discussed. On the 23d of October, 1901, the President of the Board was notified by legal process that a suit for damages to the amount of \$2,000.00 had been instituted against the State Board of Health by Dr. R. H. Huddleston, of Miami, Fla., for alleged services in the epidemic of yellow fever at Miami in the fall of 1899. This suit is brought under a supposed construction of the statute—rather broad, it must be conceded—imposing not only the care, but the effect of contagious disease occurrence in the State, upon the State Board of Health. It is understood that Dr. Huddleston claims that every expense attending the people of Miami, as a sequence of that epidemic, is properly chargeable to the State through the State Board of Health. As the Board maintained at Miami, at the period mentioned, a hospital to which all the yellow fever sick were invited, and were cared for professionally and otherwise, at no cost to the public or to the individual, it cannot be understood what claim the Doctor can have or can contend for. He was never employed by the Board for any service, or in any capacity, although given the privilege, with other physicians, to treat any of his patients at the hospital who might wish to avail themselves of free nursing, and the State's hospitality in this respect. The suit is being managed by the Board's Attorney, the Honorable E. J. L'Engle, and is deserving of mention only as indicating the tendency to make the Board responsible for many occurrences.

1901.

CURRENT EXPENSES.

Per diem and mileage of members.....	\$ 1,172.70	
*Salary of State Health Officer.....	2,500.00	
Traveling expenses of State Health Officer.....	335.42	
Clerical assistance in office of Board.....	1,853.95	
Attorney's salary and fees for extra services.....	438.60	
Office rent, lights, telephones, postage, pay of office boy, etc., etc.....	1,344.50	
Printing, stationery, statistical blanks, etc..	1,169.02	
Telegraph tolls	260.79	
Chemicals, disinfectants	142.40	
Traveling expenses and per diem of County Sanitary Agents	586.75	
Miscellaneous, insurance, etc.....	371.05	
Domestic sanitation in Escambia County...	2,131.32	
Total	\$12,306.48	\$12,306.48

EXTRAORDINARY EXPENSES.

Smallpox and vaccine purchased in 1900 and 1901	\$ 4,658.73	
Suspicious and rumors of yellow fever.....	25.50	
Scarlet fever expenses.....	187.63	
Expenses of Special Agents.....	4,965.72	
Total	\$9,837.58	\$ 9,837.58
Deficit in Quarantine fund (see accompanying state- ment)	11,952.79	
Total amount paid out during the year A. D. 1901.....	\$34,096.85	
To which must be added the overdraft on January 1, 1901, from the State Treasurer.....	19,799.67	
Total obligations for the year.....	\$53,896.52	
From the State Treasurer's report showing the aggre- gate collections of taxes for public health purposes, the fund received during the year 1901 the sum of.....	\$47,483.35	
Leaving an overdraft on January 1, 1902, of.....	\$ 6,413.17	

*By reference to the above statement it will be seen that the salary of the State Health Officer was not drawn for the months of April and May (500.00), during which time he was serving as a member of the Florida Legislature.

SPECIAL AGENTS.

Owing to the depleted condition of the Board's treasury, and the absolute necessity for retrenchment in all directions, the number of Special Agents employed by the Board was reduced during the year to one.

Dr. Lartigue has been actively engaged in looking after vaccination and sporadic smallpox, and during the fall and winter months of last year in supervising and enforcing instructions of the State Health Officer at points where scarlet fever has been reported in a prevalent state. This service is no light task, as any one who has ever been a Sanitary Officer can testify to. Hardships, privations, opposition, with abuse and threats of personal violence, are to be expected, and oftentimes are encountered. Like the policeman in the opera of "Pirates of Penzance," his lot is not a happy one, and while many seek positions of this character and consider themselves "called," yet but few are equal in tact, conservatism and adaptable knowledge to fill such offices.

At least three Special Agents should be constantly in travel in the State, for the western, middle and southern sections, that contagious and epidemic diseases may be sought for, found and suppressed, and useful and healthful methods of living taught.

TORTUGAS AS A QUARANTINE STATION.

Although the Board, at its last annual meeting, took cognizance of the proposed absorption of the Tortugas group of islands by the U. S. Navy as a Naval Station, and petitioned Congress through the Legislature against any change from a National Maritime Refuge, and Quarantine Station under the Marine Hospital Service (see appendix), yet what was feared has occurred, and now the whole of the eastern Gulf is left without any protection against pests, or any asylum for commerce, which

unfortunately may be infected with death dealing agencies.

Realizing the importance to the entire country of re-establishing Tortugas as a National Quarantine Station, and especially so to the State of Florida, the State Health Officer has prepared and circulated in pamphlet form "an appeal and argument" (see appendix) to those whose interest in the subject of health, protection to life, and humane care of seamen afflicted with epidemic contagious maladies, prompt them to a concerted action, and tend to intelligently influence Congress towards restoration of the islands for the only possible vantage which their location possesses.

A NATIONAL QUARANTINE STATION.

The entire Gulf coast joins with Florida in this prayer to Congress, and it is thought that if this important matter is forcibly presented to the President of the United States, and to Congress, that until actual exigencies of war arise, the islands may again be restored to the Marine Hospital Service, and made available as a National Quarantine Station. Conditions of war which now involve some of the fever infected countries bordering on the Mexican Gulf, together with the anticipated and promised commercial route across the Isthmus, will naturally attract commerce to and from the United States and bring in closer touch the seaports of Central and South America, and likewise the Pacific coast of Mexico, which have in times past frequently menaced our own southern seaports, thus making an additional reason, if one is needed, why the United States should have a sentinel and on constant watch at the Florida entrance of this almost inland sea.

RECOMMENDATIONS.

The recommendations respecting a Bacteriological and Chemical Laboratory, and an addition to, and improvement of, the Division of Vital Statistics, which were submitted to the Board at its last annual meeting, are renewed this year. Although these suggestions for increasing the usefulness of the Board to the people were approved of and ordered to be carried out whenever the condition of the Board's treasury would permit, yet the destruction of the office of the Board followed so soon after the enactment of the recommendations that as yet there has been neither place, opportunity nor money to carry into effect this cherished wish of the Executive Officer. As the finances of the Board have in a measure "recouped" during the quietude of the summer, it is earnestly requested that the subject may be revived and interest in it renewed.

As there has been manifested in some sections of the State an indifference to scarlet fever in its spread and management, it is advised that the Board at its next annual meeting shall adopt needful rules and regulations in regard to reporting this, with other highly contagious disorders, to the State Board of Health. A draft of a proposed enactment of this kind will be found elsewhere.

The attention of the Board is also directed to another and a most important matter, which is deserving of the closest consideration, for, if not regarded, will likely tend to an irritating misunderstanding between the people of the State and the State Board of Health. The statute of 1899, respecting the care and control of contagious infectious diseases, which has elsewhere been quoted in this report, clearly sets forth the expectations and demands of the people, through their Representatives, in this regard. A daily friendly association with the people in matters pertaining to sanitary and health control, more intimate, possibly, than the Board could be expected to have or to enjoy, convinces the State Health

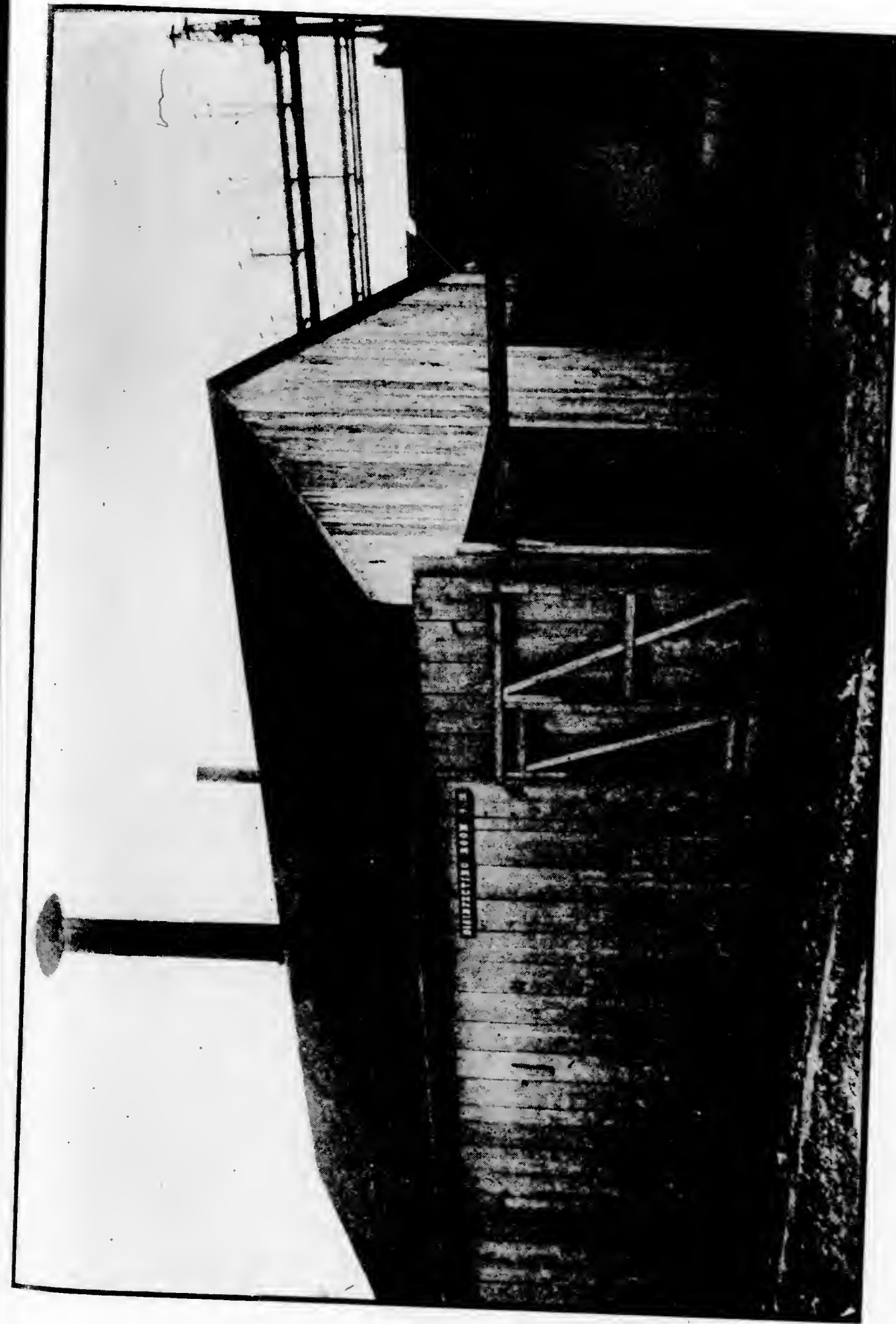
Officer that the statute referred to is usually, and, it might be said, universally construed by the people to mean an absolute control and management by the State Board of Health of every case of contagious sickness, and especially such as are mentioned in the statute, and occurring in the State. It is said, with some show of reason, that the people permit a special tax to be levied for this and other purposes connected with health supervision, and, therefore, they expect they shall be relieved in their county and municipal organizations of the care of cases of smallpox, yellow fever and cholera; in other words, the more malignant types of epidemic sickness. The people contend that they should not be required, or compelled, to give doubly for this purpose. If *Vox populi, suprema lex*, then these mutterings of the people should be heeded, and this phase of the law, with its execution, should be carefully considered, to the end that if the levy for the Board does not yield in its total receipts sufficient revenue to accomplish every requirement of the statutes, and the demands and expectations of the people, that the aid of the Governor, and through him, the people of the State, may be invoked that a relief and remedy may be found and provided for.

As materially affecting the conduction of office affairs, and an economical administration of health matters, particularly of those relating to the supervision of contagious sickness, frights occasioned by false rumors, and similar circumstances, it is suggested that the Board should construe for the guidance of the Executive Officer of the Board, what are the monthly "current expenses" of the Board for which provision is made by Chapter 4693 of the Laws of Florida. Some understanding should be had between the Board and State Treasury officials as to the intelligent interpretation of this act. It is not believed that the Legislature of 1899 intended to restrict the State Board of Health to a maximum monthly expenditure of \$2,500.00, irrespective of any likely increased demands which might be occasioned by an occurrence of

contagious epidemic disease, or extraordinary emergencies which could not possibly be anticipated, and which necessarily would require a larger disbursement. Therefore, it would appear to be both sensible and proper that the "running" expenses of the Board for each month—such items as can be estimated for, and are usually of monthly occurrence—should be separately accounted for to the Comptroller, and in the manner provided for in the statute, but that unusual and extraordinary expenditures, when approved of by the President of the Board, and legitimately coming within the purview of the State health laws, should be audited whenever presented, in order that service contracted for, or articles purchased, may be obtained at the best advantage to the State.

When the State Board of Health was first organized in 1889, it was the practice for the State Treasurer to honor requisitions from the State Health Officer, from time to time, for funds to an amount not exceeding the official bond of said official, and when vouchers were forwarded to the Comptroller of the State credit was given for the amount named therein. Thus the Executive Officer of the Board always had deposited to the credit of the Board some funds for immediate wants and unforeseen exigencies. Oftentimes a service promptly paid for would be at an economical advantage to the Board; so likewise in purchases, and other matters where exhibition of business methods would considerably enhance confidence in the Board's financial ability and management. If a return to this method could be effected, the "money question" as pertaining to the administration of State health funds would be considerably simplified. Possibly to return to this pristine method may require Legislative amendments to present laws, and without which the Auditing Department of the State Government could not otherwise recognize.

A matter deserving more than passing notice, and which should be most seriously considered by the Board at the annual session, is the probable disposition of

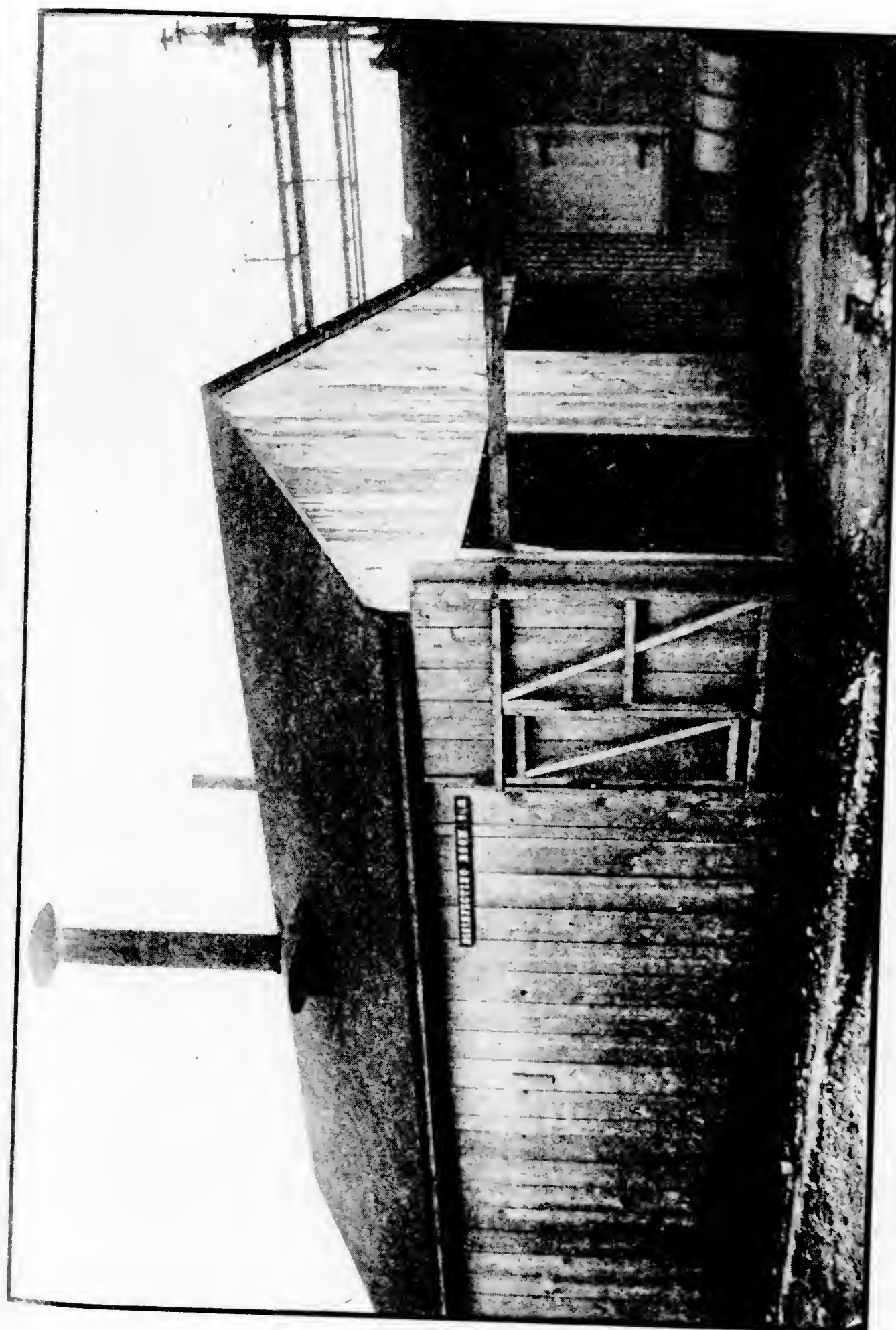


Sterilizing Shore Disinfecting Plant, Key West Inspection Station.

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Sterilizing Shore Disinfecting Plant, Key West Inspection Station.

health supervision over commerce from the island of Cuba, when the government of that Republic is instituted within the next few months. Not only is Florida concerned in this change of quarantine management, but the whole of the Southern and Gulf Coast is interested in knowing or learning what are to be the sanitary relations between the United States and Cuba, when the Cubans assumes the reins of government.

Under advanced scientific sanitation, practiced by the United States, in a protectorate capacity over Cuba for the past three years, Havana and practically all of the other seaports of Cuba have been freed from yellow fever, and an improved health condition now exists in Havana, the like of which has not been known before "for one hundred and fifty years," says Dr. Gorgas, of the United States Army.

While perhaps there may be no good grounds to doubt that the Cuban Government will continue the valuable work which well directed sanitary efforts of the United States officials have inaugurated and have so recently demonstrated can be effected, yet it is nevertheless true that the United States American has some reason to be sceptical, from past experience, of the indifference of the Latin race to health methods, and fearful of results which may obtain under an entirely new regime. This distrust has already become manifest by nervous utterances in the public press, both secular and medical, when speaking of the proposed change of government, and it is thought that the State Board of Health of Florida, being so intimately associated commercially with the island of Cuba, should assume the initiative by petitioning Congress, through our Congressional delegation, in a suitably prepared memorial, to seriously and carefully consider this question, and, if possible, for a time to retain control of the maritime supervision over Cuban ports, that the very favorable relations which now exist commercially may not be dis-

rupted, and that an enviable confidence, which has been demonstrated by practical workings and are plainly evident, may not be lost.

(Note—Since the above was written, the following, taken from the *Savannah Morning News*, of January 15th, represents very concisely the views above expressed, and is so in harmony with the ideas of the State Health Officer on the subject, that the editorial is here copied.)

CUBA A SOURCE OF DANGER.

Evidently Mayor Myers does not accept the mosquito theory of the spread of yellow fever. It will be recalled that a board of yellow fever experts spent a good deal of time and money in Cuba last year trying to discover the means by which the yellow fever was spread. It came to the conclusion that the fever poison or germ was carried by mosquitoes, and that there was no longer any need for disinfecting ships or clothing or for taking other precaution against the disease, except, as already stated, to provide against conditions which produce the yellow fever germ bearing mosquito, and to take precautions against that mosquito.

But Mayor Myers is not alone in refusing to accept the mosquito theory. It is safe to say that the number that does accept it is very small. The danger to this port, and to other ports on the South Atlantic and Gulf Coast, that Mayor Myers points out, because of the passing of the government into the hands of Cuba is real, and should have the immediate attention of all the members of Congress from the South Atlantic and Gulf States.

The Cubans have little or no fear of yellow fever, and it is not reasonable to suppose that they will take as great sanitary precautions to prevent outbreaks of the disease in Havana and other parts of their island as the American health authorities have since the United States have been in control of Cuba. Indeed, it is doubtful if they will take any precautions. In that case it will not be long before Havana will again be a source of yellow fever infection.

The statement of the Mayor that before the Spanish-American war it was urged as one of the reasons why we should drive the Spaniards out of Cuba, that we could then clean up Havana, and thus put a stop to the spread of yellow fever from that point, is a timely one, and his question, What shall we have gained from the health point of view if we turn the control of health matters of Havana over to the Cubans by our expenditure of life and treasure for Cuban independence? ought to arrest the attention of all who are in the least concerned about having yellow fever kept out of this country.

Strange as it may appear, not a single Congressman, so far as we are aware, has given a thought to the danger to this country from yellow fever that will likely exist just as soon as Cuba is turned over to the Cubans. Congressmen are thinking how to get Cuba's trade. The almighty dollar, and not human life, is the first consideration with them. Notwithstanding our boasted civilization, we have not yet got away from the frontier idea that it is a greater crime to steal a horse than to murder a man.

Since American occupation of Cuba Havana has been almost free from yellow fever, and consequently the South Atlantic and Gulf ports have had but very little apprehension of the disease. With Cubans in control of the island, the apprehension will return, and the demand for rigid quarantine against Havana will be as great as it ever was.

Our Government ought to make some arrangement by which the United States would be permitted to remain in control of quarantine and health matters at Havana. Otherwise commerce with that city will be conducted under many difficulties.

In concluding this brief resume of the work of the Board for 1901, I desire to express my thanks to the Board, and through the Board to the Governor and people of Florida, for many manifestations of confidence shown the Executive Officer of the Board during the past year.

I regret that "many things have been left undone which should have been done," but indulgence is craved for the shortcomings of the year, which those who have been in intimate relation to the Board can appreciate, have in part, if not altogether, been due to circumstances over which no human being could have controlled.

Very respectfully,



State Health Officer.

Table Showing Number of Births, Deaths, Marriages, and Deaths from Five Different Causes in the State of Florida from June 1, 1901, to Dec. 31, 1901.

COUNTY	Births.	Deaths.	Marriages	Consump'n	Diphtheria	Scar't Fev'r	Malar	Smallpox
Alachua.....	283	32	19	3	1	5	6	2
Baker.....	61	11	20				1	
Bradford.....	142	39	16	2				
Brevard.....	52	24	53	3			1	
Calhoun.....	71	21	49	1			4	
Citrus.....	47	8	16	1			1	
Clay.....	43	14	35				1	
Columbia.....	197	70	118	1		5	7	
Dade.....	96	43	91	4		1	1	
DeSoto.....	125	45	13	3			3	
Duval.....	114	100	410	12		1	15	
(Jacksonville).....	563	765		91		8	39	
Escambia.....	300	72	182	5			3	
(Pensacola).....	240	84		23	2	1		
Franklin.....	77	7	33	3		1		
Gadsden.....	136	82	45	4			1	
Hamilton.....	63	34	51	3		3	3	
Hernando.....	31	10	25				1	
Hillsborough.....	159	98	296	1			5	
(Tampa).....	431	281		31		2	30	
Holmes.....	47	6	67	1				
Jackson.....	153	48	211			2	10	
Jefferson.....	143	15	113			1	1	
LaFayette.....	41	14	39					
Lake.....	69	38	53	1		4	1	
Lee.....	31	19	33	4			2	
Leon.....	69	61	141	3			5	
Levy.....	59	20	40			2	3	
Liberty.....	45		31					
Madison.....	125	16	157	1		1	1	
Manatee.....	81	20	48	1			1	
Marion.....	229	74	130	5	2	1	7	
Monroe.....								
(Key West).....	482	192	181	38			5	
Nassau.....	120	92	56	8			5	
Orange.....	196	125		14	1	3	6	
Osceola.....	35	8	22					
Pasco.....	65	25	65		1		1	
Polk.....	150	84		2	1	1	4	
Putnam.....	158	79	105	6		6		
St. Johns.....	117	88	68	11				
Santa Rosa.....	88	12	76	1				
Sumter.....	102	30	41				7	
Suwannee.....	105	54	77	1		8	1	
Taylor.....	24	2	31	1		1		
Volusia.....	114	56	82	8			1	
Wakulla.....	56	17	61				2	
Walton.....	62	21	48			1		
Washington.....	160	30	65				4	
	6,357	3,086	4,513	297	8	58	189	2



APPENDIX.



ETHELBRYHTA HISTORY.

FIRST TELEGRAM.

KEY WEST, FLA., Sept. 21, 1901.

Horsey, Fernandina, Fla.

State Board Code. Confidentially, Dr. Wyman wires: "Steamer 'Ethelbryhta,' Jacksonville, Fla., Sept. 3d to 14th; schooner 'James T. Smith' there same time; 'Ethelbryhta' at Santiago fourth day from Jacksonville with seven cases yellow fever. Smith, at Sapelo, suspicious case of fever. Yellow fever, 'Ethelbryhta,' from Progresso via New York. Wyman thinks possibly 'Smith' infected from 'Ethelbryhta.' * * * I will leave here tomorrow for Jacksonville by East Coast route.

"PORTER."

Washington, D. C., September 21, 1901.

DR. J. Y. PORTER,

*Acting Assistant Surgeon,
Marine Hospital Service,
Jacksonville, Fla.*

SIR:

I have received today a report from the Brunswick Quarantine stating that the American schooner "John C. Smith" arrived at that station September 12, with the Captain and one seaman sick, two more men sick September 14th, one more man September 15th, and on September 17th the vessel was remanded to South Atlantic Quarantine where she is at the present time. Dr. Burford is inclined to think these cases are of severe malarial type. By reference to the Maritime Register, it is learned that this schooner arrived at Jacksonville August 22nd, left there September 6th and put in distress at Brunswick Quarantine September 12th in the morning.

While reading the above report I received a telegram from Santiago (Dr. Von Ezdorf)

announcing the arrival there of the steamer "Ethelbryhta" on September 19th with seven cases of yellow fever on board. It transpires she arrived at Jacksonville September 3rd, and left on September 14th. It will thus be seen that the steamer "Ethelbryhta" and the schooner "John C. Smith" were at Jacksonville at the same time for three days, namely from September 3rd to September 6th. From the history of the "Ethelbryhta" it is surmised that the schooner "John C. Smith" might have received her infection while at Jacksonville from the steamer.

I transmit a detailed statement of the history of both vessels.

The "Ethelbryhta" left Progresso August 15th, and arrived at New York August 22nd, with one case of yellow fever. She was disinfected at the New York Quarantine and under the regulations must have been given a certificate of thorough disinfection, such as is requested at southern quarantines, otherwise she would have been held up at Norfolk on the 29th. She probably only put into Norfolk for coal, and left August 30th. Dr. von Ezdorf states in his report that the day after leaving Norfolk, the Captain's wife died, whether of yellow fever or not is not stated, but the inspection report of Acting Assistant Surgeon Macaulay for the week, ended September 7th, (the week in which this vessel arrived at Jacksonville) shows that she was inspected and passed.

The account of this case of fever at New York, the death of the Captain's wife, and the presence of seven cases of yellow fever on that vessel at Santiago makes it appear to the Bureau that the "Ethelbryhta" may have been an infected vessel despite the disinfection and it may have been from her that the schooner "John C. Smith" contracted the infection. It is, therefore, very essential to ascertain if the vessels lay near one another at Jacksonville. Again there is the possibility that the "John C. Smith" may have been the infected vessel, though not probable. But it should be stated



Sterilizing Shore Plant, Key West Inspection Station.

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I transmit a detailed statement of the history of both vessels.

The "Ethelbryhta" left Progresso August 15th, and arrived at New York August 22nd, with one case of yellow fever. She was disinfected at the New York Quarantine and under the regulations must have been given a certificate of thorough disinfection, such as is requested at southern quarantines, otherwise she would have been held up at Norfolk on the 29th. She probably only put into Norfolk for coal, and left August 30th. Dr. von Ezdorf states in his report that the day after leaving Norfolk, the Captain's wife died, whether of yellow fever or not is not stated, but the inspection report of Acting Assistant Surgeon Macaulay for the week, ended September 7th, (the week in which this vessel arrived at Jacksonville) shows that she was inspected and passed.

The account of this case of fever at New York, the death of the Captain's wife, and the presence of seven cases of yellow fever on that vessel at Santiago makes it appear to the Bureau that the "Ethelbryhta" may have been an infected vessel despite the disinfection and it may have been from her that the schooner "John C. Smith" contracted the infection. It is, therefore, very essential to ascertain if the vessels lay near one another at Jacksonville. Again there is the possibility that the "John C. Smith" may have been the infected vessel, though not probable. But it should be stated



Sterilizing Shore Plant, Key West Inspection Station.

that the "John C. Smith" has been repeatedly an infected vessel, as stated by Surgeon Williams, now on duty in the Bureau. She has been disinfected several times at Tortugas and Ship Island.

Under the above circumstances I need not urge a quiet investigation as to the communication between these two vessels and the shore at Jacksonville, and inquiry as to the health conditions in the portions of the wharf territory where sailors from these vessels might congregate. It might be advantageous to inquire of the Marine-Hospital Service officer at Jacksonville if any patient was received by him from either of these vessels. I have wired Santiago to make inquiries of the Captain and crew of the "Ethelbryhta" as to the location of the vessel with reference to the "John C. Smith" at Jacksonville, and any other information which may throw light upon the subject, and will keep you informed.

I mail you tonight under separate cover, a copy of the Service code book, as it is after hours and I cannot ascertain whether one has been already sent you or not. Kindly keep the Bureau informed by wire.

Respectfully,

(Signed)

WALTER WYMAN.

St. Johns River Quarantine,

Mayport, Fla., Sept. 22nd, 1901.

DR. JOSEPH Y. PORTER,

Sanitary Inspector,

U. S. Marine-Hospital Service,

Jacksonville, Fla.

SIR:

I have just received a telephone message from Dr. J. Louis Horsey, informing that the Steamship "Ethelbryhta" has arrived at Santiago de Cuba from Jacksonville, Fla., with nine cases of yellow fever aboard. The following is a brief history of said Steamship:

The British Steamship "Ethelbryhta" arrived at this station on September 2nd, 1901, about

ten a. m. On inspection I learned that the vessel was from New York, via Norfolk, Virginia. The vessel was to all appearances clean and in good sanitary condition, and carried no cargo or ballast.

Captain B. Turgoose, who was in command, informed me that his wife had died after leaving the port of Norfolk, Va., and was buried at sea.

He stated that she was in a pregnant condition of some three months duration, and had been suffering for weeks with very severe attacks of nausea and vomiting. While in Norfolk, she was treated by the quarantine physician and was greatly relieved. After leaving Norfolk and after being out some fifteen hours, Mrs. Turgoose was attacked during the night of August 30th with an unusual severe nausea and vomiting, and the condition became so intense, that, according to Captain Turgoose, she died in a few minutes from rupture of a blood vessel in the throat, as was evidenced by the bright blood gushing from her mouth. Captain Turgoose positively swears that she had no fever at any time, as he frequently tested with a clinical thermometer. He also stated that if I doubted his word, I was at liberty to wire the Norfolk physician at his expense.

The "Ethelbryhta" had been fumigated in New York City on August 22, 1901, after arriving from Progreso, Mexico. I made a most careful inspection of the entire crew, and personally tested each member with my thermometer for febrile symptoms and found none. The crew, as far as I could judge, were in perfect health.

I enclose certificate of fumigation from New York City, and pratique given from Norfolk. Captain Turgoose also swears that his wife had been up all day and was very cheerful and gay until the fatal attack came on.

Trusting that I have acted as you would have desired, I have the honor to be,

Very respectfully,

(Signed)

GEO. MACAULEY,
Acting Assistant Surgeon,
M. H. S. Service.

State of New York,
Health Officer's Department.
Quarantine, S. I., Aug. 22, 1901.

To Whom It May Concern:

This is to certify that the S. S. "Ethelbrytha" has this day been disinfected in accordance with the rules and regulations of this Department. The bedding, clothing and effects of the crew have been subjected to steam, and the cabin, forecastle and hold of vessel disinfected with sulphur and bichloride of mercury. The crew took no part in the above disinfection.

(Signed) A. H. DOTY,
Health Officer, Port of New York.

CERTIFICATE OF STATE QUARANTINE.

Norfolk, Va., Aug. 29, 1901.

I certify that S. S. "Ethelbrytha," of Whitby, from Progreso via New York, has in all respects complied with the United States Quarantine Laws and the Quarantine Regulations prescribed by the State of Virginia, and in my opinion the vessel, cargo and passengers are each and all free from infectious disease or danger of conveying the same. Said vessel is this day granted free pratique.

(Signed) CHAS. R. VANCE, M. D.,
State Quarantine Officer, District of Elizabeth River.

Jacksonville, Fla., Sept. 25, 1901.

DR. JOSEPH Y. PORTER,

Sanitary Inspector,

U. S. Marine-Hospital Service,
Jacksonville, Fla.

SIR:

As per your telegraphic request to quietly investigate the docks and berth where the steamer "Ethelbryhta" loaded in Jacksonville, I have the honor to submit the following:

Inspection of Talleyrand docks where steamship "Ethelbryhta" lay from September 3d to September 14th.

This vessel was loaded with railroad ties for Baxter & Co. J. A. Torrent, Stevedore, says he employed sixty men loading the vessel. None of them are now or have been sick. The Florida Naval Stores Co., who ship rosin and turpentine from these docks, employ in the neighborhood of one hundred men, also state that none of their men have been sick. I found the Norwegian Steamship "Vidar," Capt. Sorrensen, loading with railroad ties at this dock. This vessel arrived at Jacksonville September 16th, with the following history: Left Cardenas, Cuba, August 30th, for New York; sailed from New York Sept. 11th, arrived Sept. 16th at Jacksonville. Vessel has crew of 20 men and Captain's wife on board, making total number of 21 persons. Inspection of the crew of this vessel shows no sickness. I found American schooner, "Hattie Dunn" at this dock also. This vessel lay at dock during entire stay of "Ethelbryhta" here. Inspection of schooner developed the fact that Captain and three men were sick. They were not on vessel when inspected, as the Captain had taken the men to Jacksonville to pay them off. Upon inquiry at the Custom House I could get no trace of Captain or men; but later found the men at the Marine Hospital. Learned subsequently that the Captain and men "gave up." I carefully examined three men, and append the following clinical history:

CASE 1. PETER HOLM.

First taken sick September 17th, with slight chill, in the a. m. (after daybreak). Had headache, backache, pains in the limbs, nausea and vomiting. Present condition, pulse 80, temperature 100, eyes somewhat red, tongue flabby and pale. Urine shows large amount of urates and no albumen. Herpetic eruption on lips.

CASE 2. PETER RATI.

First taken sick September 20th, with slight chill in a. m. (after daylight). Had no headache or backache. Some nausea and vomiting.

Present condition, pulse 80, temperature 100 2-5, eyes slightly icteroid, tongue red, urine shows urates but no albumen.

CASE 3. C. CRUZ

First taken sick September 17th, slight chill in midday. Had headache, pain in back and legs. Present condition, pulse 90, temperature 98 3-5. Tongue red, eyes slightly icteroid. Urine shows urates and no albumen. Diagnosis malarial fever.

These cases are isolated at Marine-Hospital, and are in charge of Acting Assistant Surgeon McGinnis. This vessel arrived at the dock on Saturday, September 21st, a week after "Ethelbryhta" left here and had no connection with "Ethelbryhta".

Schooner "John C. Smith" reported as loading at this dock, was loaded at Dexter Hunter's dock, one and one-half miles from Talleyrand, and has no connection, whatever, with "Ethelbryhta."

(Signed)

Very respectfully,
J. L. HORSEY, M. D.

Jacksonville, Fla., Sept. 22nd, 1901.

DR. A. H. DOTY,

Quarantine, Staten Island, N. Y.

SIR:

Report concerning steamer "Ethelbryhta" received here yesterday from Dr. Wyman. Captain's wife did die in transit from New York to Jacksonville. Cause of death ascribed to rupture of blood vessel caused by excessive vomiting incident to pregnancy. Crew all well upon arrival here. Am investigating, will send you further particulars when I get them.

PORTER,
State Health Officer.

Jacksonville, Fla., Sept. 24th, 1901.

WYMAN,

Surgeon-General,
Washington, D. C.

Have had a consultation with Acting Asst. Surgeon McGinnis, U. S. Marine-Hospital to-day

here, and confirm his diagnosis malarial fever in cases from "Hattie Dunn," and on microscopic examination their blood to-day plasmodiae malaria found.

PORTER.

Jacksonville, Fla, Sept 23, 1901.

TO DR. CHAS. R. VANCE,

Quarantine Officer, Norfolk, Va.

Did you treat Mrs. Turgoose, wife Captain of steamer "Ethelbryhta," and for what trouble? Captain stated to Quarantine Officer of this Port that you treated his wife at Norfolk.

JOSEPH Y. PORTER,
State Health Officer.

Norfolk, Va., Sept, 24, 1901.

DR. JOS. Y. PORTER,

State Health Officer,

Jacksonville, Fla.

Had menstrual disturbance; no temperature when here.

(Signed)

CHAS. R. VANCE,
State Quarantine Officer.

Jacksonville, Fla., Sept. 25, 1901.

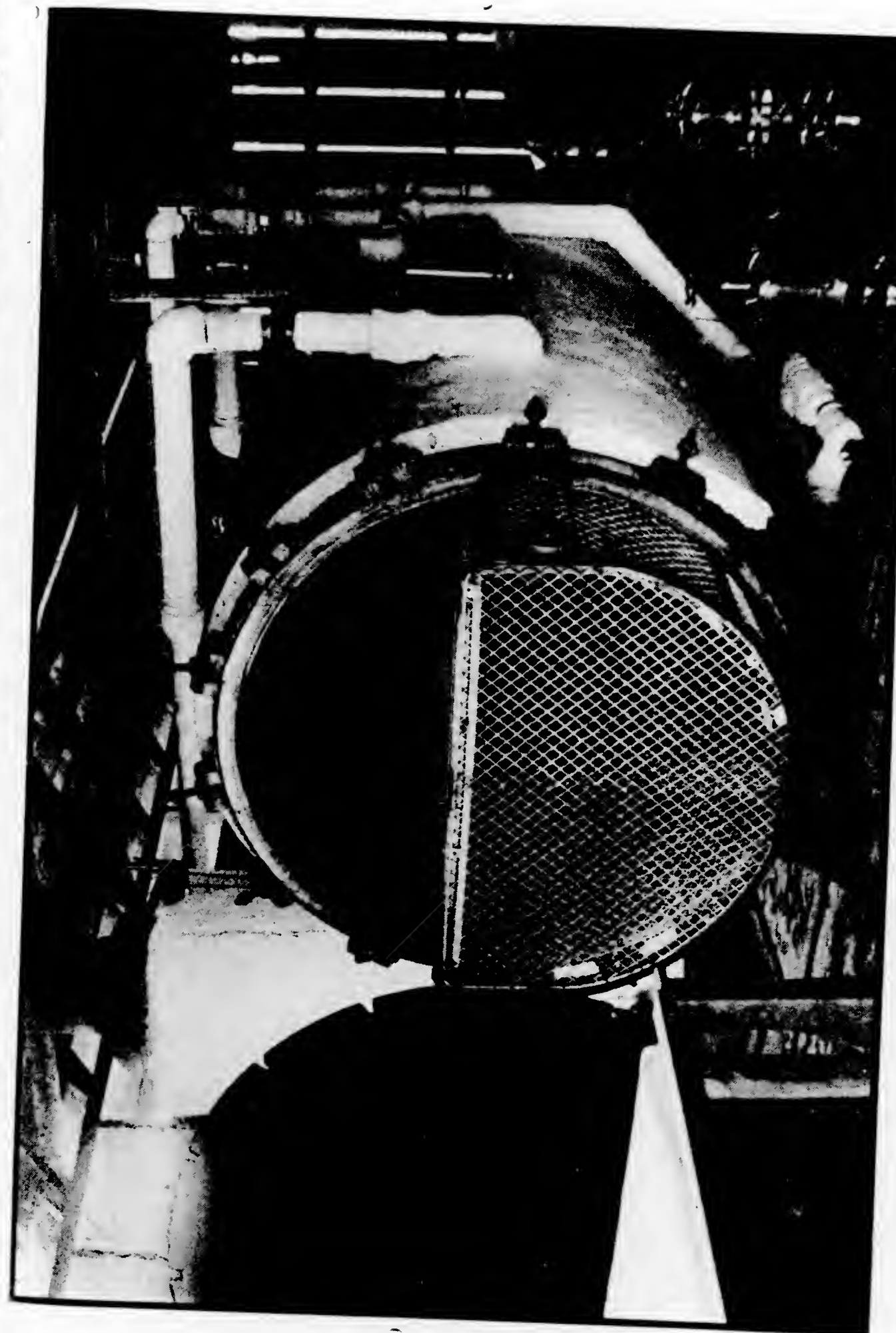
DR. CHAS. R. VANCE,

State Quarantine Officer,

Norfolk, Va.

Captain "Ethelbryhta" claims wife died fifteen hours out from Norfolk from excessive vomiting due to pregnancy. Says she ruptured blood vessel in throat; referred to you as having treated her and knowing her condition. Please send me clinical history of the case while under your charge. Personnel of steamer on arrival here September 2 showed no temperature, which was taken with thermometer. Kindly wire concisely facts and extended mail history.

JOSEPH Y. PORTER,
State Health Officer.



Sterilizing Chamber, Shore Disinfecting Plant, Key West Inspection Station.

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Jacksonville, Fla., Sept. 25, 1901.

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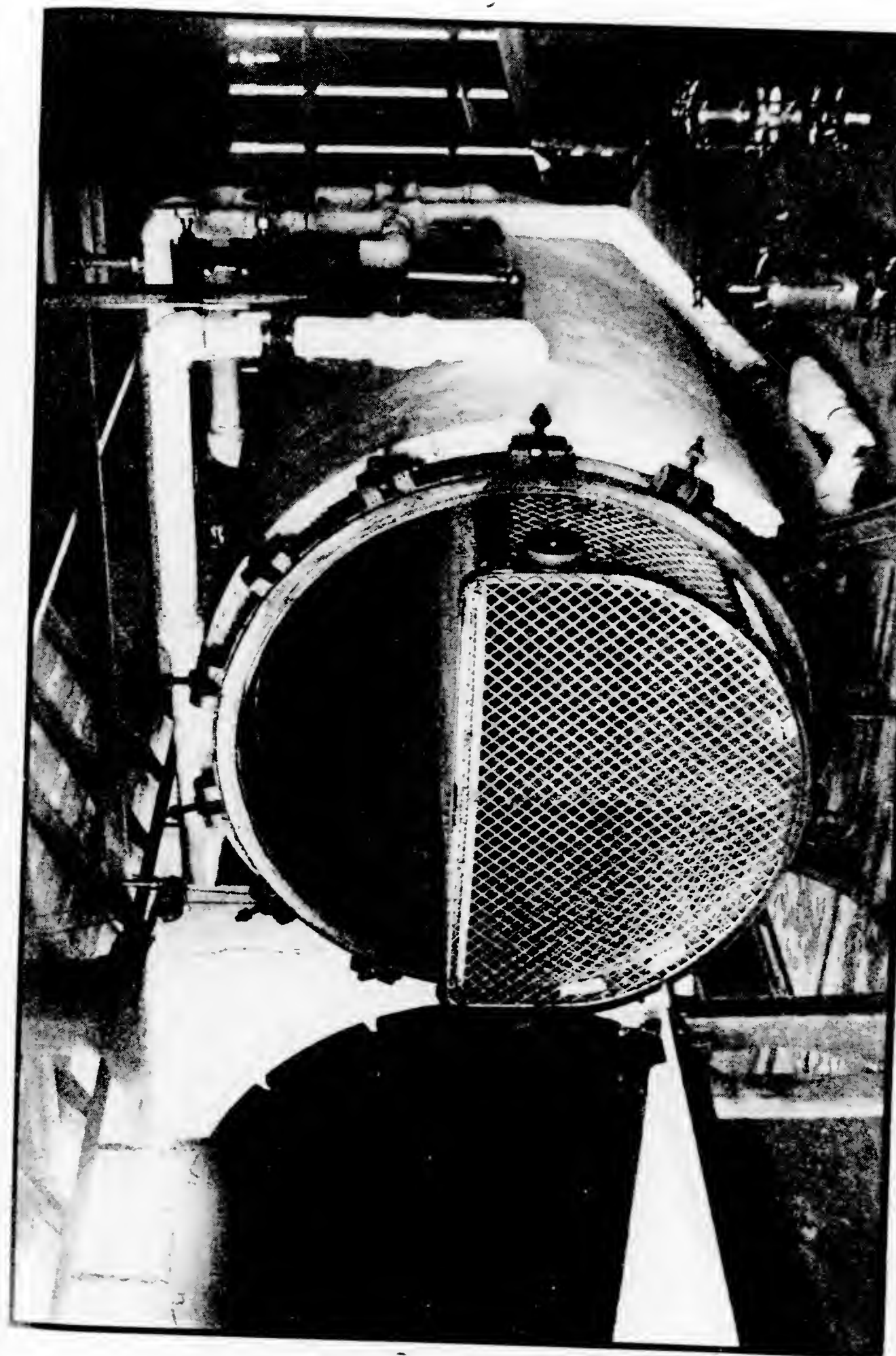
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JOSEPH Y. PORTER,

State Health Officer.



Sterilizing Chamber, Shore Disinfecting Plant, Key West Inspection Station.

Norfolk, Va., Sept. 25, 1901.

DR. JOSEPH Y. PORTER,
State Health Officer,
Jacksonville, Fla.

DEAR DOCTOR—In reply to your telegram, I will state in regard to the sickness of the wife of Captain Turgoose, of steamer "Ethelbryhta:"

The steamer arrived at noon, August 29th, from New York. Disinfected and fumigated in New York, and five days had expired from the time of fumigation. No sickness from the time of her fumigation except the captain's wife.

SYMPTOMS OF HER SICKNESS.

No pain anywhere. Eyes normal. Conjunctiva normal. Temperature normal. Nauseated and some vomiting. Vomited matter contained no blood. Missed last month's sickness. Stated that she had been this way before several times and always had nausea and vomiting. The Captain stated to me that he had taken her temperature several times before I took it, and it had always been normal.

Diagnosis—Vomiting of pregnancy. Treatment—Ice, crushed; champagne, oxalate of cerium.

I saw her only once, and that was when the steamer first arrived. The steamer coaled that day and left Norfolk early the next morning.

The U. S. Quarantine Officer at Old Point, who inspected the steamer about an hour before I did, saw me the other day, and I found that his diagnosis and history were similar to mine.

Very respectfully,

(Signed) CHAS. R. VANCE.
State Quarantine Officer.

Quarantine, S. I., N. Y., Sept. 26, 1901.

DR. JOSEPH Y. PORTER,
State Health Officer,
Jacksonville, Fla.

"Ethelbryhta" brought cargo of hemp from Progresso, loaded in open bay at that place, and left on August 15th; arrived here on August 21.

One of the crew died on previous evening. Captain reported that deceased was taken sick on August 14th. His story pointed to yellow fever; appearance body indicated this; skin and conjunctive quite yellow; autopsy showed black fluid in the stomach, albumen in urine and change in kidneys, but not the characteristic pathological change in the liver. This was duly considered, but I felt justified in officially declaring the case yellow fever. Three cases with elevated temperatures removed to Swinburne Island for observation; one quite sick, but recovered on the third day; no evidence of yellow fever among them and albumen in urine. Vessel released immediately after disinfection, August 22d. All well on board. Vessel left here August 25th, Delaware breakwater 28th, and Norfolk 30th. Five new men at New York, and two at Norfolk. Am informed that Captain's wife was taken ill after leaving the latter place. Secondary cases of yellow fever have never occurred here after five days from infected area; even where close and prolonged exposure has existed on board. Will write to-morrow.

(Signed) A. H. Doty,
Health Officer.

Dr. Doty wrote again:

When the "Ethelbrytha" arrived at this port on August 21st, I found that one of the crew had died the previous evening. On examination of the body, I found it to be yellow, the discoloration in the conjunctiva being well marked. There was no history in the case except that given by the Captain, that the man was taken with a chill on the 14th and became rapidly worse until he died. The bill of health showed that there had been one case of yellow fever in Progresso. The body was removed to Swinburne Island, where an autopsy was made, which was not entirely satisfactory, inasmuch as the liver showed but little deviation from the normal condition, and did not show the characteristic pathological

change that usually occurs in yellow fever. However, there was a black fluid found in the stomach, some albumen in the urine and considerable change in both kidneys. Although this evidence was not conclusive, I felt justified in officially declaring it to be yellow fever and acting accordingly. Disinfection was performed in compliance with the existing regulations, and those on board carefully inspected and their temperatures taken. It was found that three of the crew had temperatures above the normal register. These were removed to Swinburne Island for observation. The following day two of them were found to be all right; the third became quite ill, and for two days had a temperature of 104 or 105 degrees, but on the third day the temperature subsided abruptly and the man got well. They were kept under observation for a number of days, and at no time was albumen found in their urine, or were there symptoms that pointed specially to yellow fever. On the 22d, after disinfection had been finished, the temperatures of those on board were again taken and found to be normal—of this I am certain, because I was present at the inspection. The "Ethelbrytha" left this port on August 25th; left Delaware breakwater August 28th, and Norfolk on the 30th. After that period, you know more of the movements of the vessel than I do. I have just telegraphed you that the "Ethelbrytha" sailed from Tampico on July 30th, arrived at Progresso August 7th, and sailed from there on August 15th. The Captain stated to me that the vessel loaded some distance from the shore. I have since learned, however, from the company's office, that the vessel loaded at a very long pier, and there is no reason to doubt that the men were occasionally allowed to go into town. In the history of this Department, and in my experience during the last seven years, there never has been a secondary case on shipboard after the vessel has been five days or more from the infected area or port. Cases sometimes occur on vessels at Santos and Rio, or within four or five days after they have left these places; but secondary

cases do not occur, although there is full exposure and no disinfection during transit. Moreover, we have never removed a case from these vessels. Sincerely yours,

(Signed) A. H. Doty.

Jacksonville, Fla., Sept. 26, 1901.

WHITE,

*Marine Hospital Service,
Washington, D. C.*

Regarding matter mentioned in your letter September 24th, about Talleyrand and "Ethelbrytha," only one house at Talleyrand docks which was inspected, finding one case acute tertian, malarial fever, controlled on dock seizure within forty-eight hours, but men up and working. Microscopic examination blood by Parker plasmodiae malaria numerous in all cases. Saw acute quotidian in boy in town last night, ending fatally in the night. Parker examined blood, found the quotidian malignant malarial parasite in large numbers. There are many such cases here at present, though but seven deaths from this cause this month, exactly same record as last year this month. This malaria has existed for several months, and long before the arrival "Ethelbrytha." Am positive of diagnosis, and Dr. Parker agrees with me. PORTER.

SMALLPOX NOTES.

Vaccination and Smallpox.—To any one who has studied medical literature with unbiased mind, the object of the anti-vaccinationists must be regarded as either untruthful or silly.

The greatly diminished incidents of smallpox have been explained as due to increased sanitary knowledge among the masses. Analysis of facts do not bear this statement out. In the case of cholera, typhoid fever and typhus, sanitation has done great work as a preventive factor. But not one of these diseases is analogous to smallpox in its mode of spread. Rather we should compare the spread of smallpox with scarlatina, measles and whooping cough. Increased sanitary advantages should lessen the incidence of all these diseases equally. We find, however, that smallpox mortality has declined 7 per cent., measles 9 per cent. and whooping cough a little more than 1 per cent.

Again, what better evidence do we want than the immunity of physicians, nurses and others in smallpox hospitals? Do we find the same classes possessing an equal degree of immunity against the other infections? A study of statistics shows the death of medical men from smallpox to be 13 per million, against 73 per million of the general population; whereas in scarlet fever, against which doctors have no special protection, there is the remarkable fact that 59 medical men per million die from this cause, as against 16 per million of the public.—*American Medicine.*

A practice so thoroughly established everywhere in civilized countries as vaccination ought not, under ordinary circumstances, to require a public statement of its

raison d'être; but the fact of the extremely spasmodic occurrence of smallpox, and its almost entire absence from many communities for considerable periods of time, together with the consequent neglect of vaccination among the people; these facts prevent a large share of the younger members of the profession from acquiring a clinical acquaintance with the disease, and often from recognizing the importance of, or learning the reasons for employing vaccination as a measure of prevention. A majority of the medical profession, at the present time, have never had an opportunity to become familiar with the disease.

The argument in favor of vaccination may, as a matter of convenience, be stated as follows:

(1) *The Temporal Argument.*—Comparison of populations at different periods of time before and after the introduction of vaccination. The mortality from smallpox has been enormously reduced since the introduction of vaccination at the beginning of the nineteenth century.

For example: In Boston, in the eighteenth century, in six epidemic years, 1721, 1730, 1752, 1764, 1778 and 1792, there were 2,405 deaths from smallpox in an average population of only 13,250 inhabitants. In 1721, when Boston was a town of only 11,000 people, 6,000 of its population, or more than half the whole number, were taken sick with smallpox, and 850 of these died, or nearly 8 per cent. of the whole population. Again, in 1730, 4,000 were taken sick with smallpox, and 500 of them died. In 1752, 7,669 were taken sick, and 569 died, etc. What would be said if there were 275,000 sick with smallpox to-day in Boston, with 30,000 or 40,000 deaths from the same cause? Yet this is no more than might occur under the same conditions as prevailed in 1721 and 1752.

In Sweden, where accurate statistics have been kept for more than a century and a half, the deaths from smallpox per million inhabitants, before the introduction of vaccination, rose to 7,200, 5,800 and 5,100 successively in 1779, 1784 and in 1800; but at no time since 1810 has the

smallpox mortality risen to more than 700 per million. Similar instances might be cited from the history of almost every civilized country in the world.

The only great epidemic of smallpox which Massachusetts has experienced in the nineteenth century was that of 1872 and 1873, when the smallpox mortality amounted to less than one-tenth of 1 per cent. of the living population, a mere fraction only of the mortality which was suffered in the previous century.

A graphic picture of the terrible destructive effect of smallpox from the infantile population in the eighteenth century is given by Dr. McNail in his history sketch of the prevalence of smallpox in the little Scotch town of Kilmarnock. The facts are compiled from the careful records of an old parish schoolmaster, Robert Montgomerie, who kept a record of the name, age, date and cause of death of every child which died in this village of 4,200 inhabitants for the thirty-six years, 1728 to 1764.

As regards smallpox, there were, in fact, three Kilmarnocks. One, a Kilmarnock of 3,700 persons, had no fear of its attacks. These had already met and battled with the disease fiend. On many were to be seen the marks of the conflict. Some were blind, some had lost their hearing, many were permanently injured in constitution, and very many were scarred and disfigured for life; and for every one that had conquered another had fallen, never to rise again. There was, indeed, a second Kilmarnock, under the green sod of the churchyard. The Kilmarnock which had reason to dread the epidemic's approach was a Kilmarnock the least able to meet it. It consisted of a band of little children, numbering less than 500 in all. Every such group that came into existence had to face, within four or five years of its birth, the most terrible physical enemy that it would ever meet; and, having fought the battle, some were added to the maimed and distorted, who formed so large a proportion of the population, and others were laid beside those who had been destroyed by former epidemics. One can barely imagine

what must have been the feelings of a mother regarding those fearful visitations. Even when the town was free from the pestilence, there would be the constant foreboding of its too certain coming; and when at last the first case occurred—when the doctor was called in, and pronounced the disease to be the dreaded smallpox—his words would be heard as a sentence of death to some member of almost every family containing little ones; and, as the news spread from house to house, with what a despairing clutch would each mother press her darling child to her breast, and beg Almighty God to command the destroying angel to pass by her door! After the lapse of 150 years, one can have little conception of the real meaning of a smallpox epidemic. But the old parish register has enabled us to apprehend something of its horror, and I venture to say that, if the anti-vaccinationists had their will, we would ere many years be again experiencing somewhat of the awful visitations which were so familiar in old Kilmarnock.

(2) *The Local Argument, or Comparison of the Vaccinated Community and the Unvaccinated in the Same or in Neighboring Places in the Same Period of Time.*—The most convincing argument in favor of vaccination is the immunity of the entire German nation from smallpox at the present day as compared with neighboring countries. In Germany, by a strict law enacted in 1874, each child must be vaccinated before the September following the year of its birth; and all scholars in public and private schools must be re-vaccinated at their twelfth year, if they have not had the smallpox.

As a result of the strict enforcement of this law, Germany is, while occupying a central position in Europe, far more free from smallpox than any of the neighboring countries. From the official records of its Board of Health for the years 1893 to 1899, as published in the annual reports of the Board, it appears that the compara-



Contagious Disease Hospital, Key West.

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Contagious Disease Hospital, Key West.

tive immunity from smallpox enjoyed by Germany was as follows:

TABLE SHOWING THE COMPARATIVE MORTALITY FROM SMALL-POX IN EACH OF THE FOLLOWING COUNTRIES AS COMPARED WITH GERMANY IN THE YEARS 1893-1899, THAT OF GERMANY IN EACH YEAR BEING REPRESENTED AS UNIT.

COUNTRIES	1893	1894	1895	1896	1897	1898	1899
Switzerland.....	8	9	3	17	.....	25	.....
England.....	24	108	19	23	16	4	42
France.....	34	261	201	1176	12	22	231
Austria.....	67	132	28	177	247	121	67
Belgium.....	158	145	25	57	21	86	174
Holland.....	.....	640	81	147	7	5	.....
Germany.....	.1	.1	.1	.1	.1	.1	.1

In the foregoing table the figures of each year are considered independently, and are to be read as follows: Taking the death rate from smallpox in Germany as a unit, in 1893 it was eight times as great in Switzerland, twenty-four times as great in England, etc. In France in 1896 it was 1,176 times as great as that of Germany for the same year, notwithstanding the contiguity of the two countries. The average mortality from smallpox of any of the countries shown in the table far exceeded that of Germany.

A more careful examination of the German reports of each year also showed that the cases and deaths from smallpox which did occur in Germany were mainly referable to certain classes of people. In 1899, for example, 14, or one-half of all the smallpox *deaths* of that year were those of infants under two years old—the unprotected class. Of the *cases* of smallpox reported from all parts of Germany in 1879, 346 in number, 249, or 72 per cent, occurred in the frontier towns, and chiefly among Russian and Austrian workmen and immigrants, or their families. A careful supervision is had over each case, and its history learned as far as possible.

The principal sources of this disease as occurring in Germany are stated to be the frontier trade, immigrants and their baggage, and the marine commerce.

Of the countries where vaccination has been little practiced, in the past century, the deaths from smallpox in Bengal in 1886-1889 were 140,000, out of a population of 40,000,000. In India in 1875-1876 there were 200,000 deaths from smallpox, and in the two preceding years there were 500,000. In the city of Lahore, 7,000 died of it in two months in 1875. In Corea almost the whole population were pockmarked. These are practically unvaccinated populations.

(3) *Change in the Age-Incidence of Smallpox Since the Introduction of Vaccination.*—If smallpox is excepted, there is no evidence that the comparative mortality from infectious diseases at different ages of life has undergone decided changes since these diseases first became known. Ninety per cent. of the deaths from scarlet fever are those of children under ten years of age, and 95 per cent. of the deaths from whoopingcough are those of children under five years of age, and there is no evidence that these ratios have materially changed for centuries. But the facts relating to smallpox present an entirely different aspect.

In the eighteenth century, before the introduction of vaccination, smallpox was preeminently an infantile disease. Ninety-five per cent. of the deaths from this cause were those of children under ten years of age. To-day the proportion of smallpox mortality at different ages depends entirely upon the efficiency with which vaccination is carried out in any given population. In Massachusetts, during the twenty-eight years (1863-1900), the proportion of deaths from smallpox among children under ten years old was less than 40 per cent. of the total mortality from smallpox. In London they constituted 34 per cent. If, however, we separate the vaccinated portion of the community in a class by itself, the figures are much more striking, since in Massachusetts during the twelve years

(1888-1899) the smallpox mortality of children in the total population constituted 26 per cent. of the total deaths from smallpox, but among the vaccinated portion of the population the proportion of such deaths was, no vaccinated child under ten years of age having died of smallpox in that time.

These striking changes in the age-incidence of the smallpox mortality can only be accounted for by some interference with the natural history of the disease, and this interference is the practice of vaccination, which has thrown forward, so to speak, the smallpox mortality into later ages, when large numbers of the population are unprotected by re-vaccination, the immunity conferred by the early vaccination of infancy having ceased to protect.

(4) *The Argument from Analogy.*—As a general rule, most infectious diseases are contracted but once in a lifetime. A small percentage, however, forms an exception to the rule. A child having once had scarlet fever, measles or whooping cough is usually exempt from a second attack of the same disease after recovery. The attack of disease produces a certain degree of future immunity, which appears to differ in different individuals. The same is true of smallpox, and on account of this fact persons who have once had smallpox are selected as nurses for those who are ill with the same disease. A very small percentage of those who have had smallpox may contract it a second time, as observation shows. All experiment, observation and analogy appear to be in the direction of determining vaccinia to be a modified form of smallpox, shorn of its severity, its dangers, and absolutely of its power of contagion. It can only be made to take effect upon human beings by means of inoculation. It is, therefore, entirely reasonable to infer that it should produce immunity to the disease to which it bears so close a relation. The theory is entirely borne out by the facts, as well as by bacteriologic investigations relative to other and similar infectious diseases.

The following quotation from Dr. Geo. Derby, the first Secretary of the State Board of Health, written thirty years ago, will bear repetition:

"We may speculate about the potency of vaccine being exhausted in the human family, we may be surprised to find that people with good vaccine scars sometimes have smallpox. We may dispute as much as we please about the average period when re-vaccination may be considered a prudent safeguard. We may turn the vaccine question with ingenious skill, so that its many facts shall reflect a multitude of curious lights, and after all we find that we rest in a security against this most horrible pestilence, unknown to former generations.—*Boston Medical and Surgical Journal*, Dec. 5, 1901.

F. M. Crandall contributes a paper on "A Century of Vaccination." He summarizes lessons taught by the experience of more than a century as follows: 1. The first lesson cannot be better stated than in the words of the Berlin Board of Health: "Vaccination in infancy, renewed at the end of childhood, renders an individual practically as safe from death from smallpox as if the disease had been survived in childhood, and almost as safe from attack. 2. The duration of the immunity conferred by vaccination is variable. In many individuals vaccination in infancy, and re-vaccination in childhood, is sufficient for life protection. In a limited number immunity is lost in five or six years. It is never possible to know with certainty to which class an individual belongs. In the face of an epidemic, therefore, vaccination of all who have not been vaccinated within five or six years, is giving what the lawyers call the benefit of a reasonable doubt. Every one who has been vaccinated in infancy and childhood should be vaccinated not less than once in adult life. 3. The immunity conferred by vaccination is in direct proportion of the thoroughness with which it is per-

formed, and this is shown with considerable accuracy by the character and number of the resulting scars. 4. Vaccination in infancy alone is not sufficient to wholly prevent smallpox among the adult population. 5. Optional vaccination has not proved sufficient to protect the community from smallpox. Compulsory vaccination is a measure warranted by more than a century of experience. 6. The mild compulsion enforced in this country, by requiring vaccination or evidence of its recent performance upon admission to the public schools, should have the hearty support of parents and physicians alike."—*American Medicine*.

Wernher says in his work, "*Zur Impffrage*": "Before the introduction of vaccination smallpox had become a permanent disease which never entirely ceased in one year, and every three or five years became a great epidemic. In non-epidemic years one-tenth of all mortality was from smallpox, and in epidemic years one-half. Very few men escaped smallpox until old age. Almost every one sickened at least once in his life of this horrible, murderous disease.

"Countless mortals, who escaped death, were maimed by loss of sight. Of new-born children, one-third died of smallpox before their first year, one-half before their fifth year of life. There was no family who had not heavy losses to deplore."

Experimental Inoculation.—Almost one hundred years ago the Boston Board of Health erected a hospital at Nobble's Island and appointed a number of physicians to pursue a series of experiments to determine the value of vaccination, which had been introduced but a few years before. On the 16th and 19th of August, 1802, nineteen boys were inoculated with vaccine matter. The operation

was successful in every case. On the 19th and 21st of November, these nineteen children, together with one who had been vaccinated two years before, were inoculated directly from a smallpox patient. The arms became slightly inflamed, but no constitutional symptoms developed. At the same time two boys who had neither had smallpox or been vaccinated, were inoculated from the same smallpox patient. These two boys developed typical smallpox. When the disease was at its height in these two children, the twenty boys were again inoculated from them; they were also exposed to infection in the natural way by being constantly in the same room with the two boys, but in none of the twenty did the disease appear. The physicians certify that the experiment is satisfactory evidence that the "cowpox is a complete security against the smallpox."

Again, in 1808, the Massachusetts Medical Society appointed a committee to study the subject, for the operation had not gained rapidly in favor. The report is published in the Society's "Communication," Volume 1. It concludes that vaccination affords as complete protection as smallpox itself, but advises re-vaccination as a test of the satisfactory results of the first operation.

It is well for the profession to keep this experiment in mind, an experiment possible then when inoculation directly from smallpox patients was still practiced. If statistics may be questioned, if our opponents will not accept the evidence gained in countries where vaccination is general because compulsory, it would seem that the result of this experiment is unquestionable. Here we have the tangible experimental proof of the protection afforded by vaccination. How do our friends, the antis, interpret this result? Perchance they have never heard of it, nor of Jenner's own experiments. It is discouraging to think that the profession, with all the advance it has made, must still labor with a public no more susceptible to truth than the public of a century ago, when the opponents' chief argu-

ment was that the operation was new and untried.—*American Medicine.*

THE DIAGNOSIS OF SMALLPOX.

Much stress has recently been laid upon the necessity, in the interest of the health of all members of the community, of smallpox being diagnosed with certainty in the first instance.

Mistaken diagnoses are responsible for the spread of the disease to some extent, and it would be well that the chances of error should be minimized as far as possible. To attain this object, physicians need to be able to distinguish between the eruption of early modified smallpox and chickenpox, the rashes of these maladies resembling each other somewhat closely in their prodromal stages. Dr. J. MacCombie read before the Hunterian Society, in London, on November 13th last, a paper on the different diagnoses of smallpox. Dr. MacCombie holds that the diagnostic points between chickenpox and smallpox are the following: (1) The distribution of the eruption; (2) The shape of the vesicles; (3) The unilocular character of the vesicles of chickenpox compared with the multilocular nature of the vesicles of smallpox.

In the *Medical Record*, June 28, 1900, the differences between the rashes of the two diseases were editorially discussed at length, but a reiteration of the remarks quoted then with regard to the distribution of the eruption in smallpox and chickenpox—a feature of the greatest diagnostic value—will be perhaps instructive. In chickenpox the eruption is most abundant on the trunk, less so on the face, still less on the forearms and legs, and least of all on the hands and feet. All cases of chickenpox present typical vesicles on the abdomen, chest, back, thigh, or arms.

There are some, however, who believe that an absolutely correct diagnosis of smallpox cannot be reached by an examination of the eruption, let the medical man be as experienced as he may.

MM. H. Roger and E. Weil, in *La Presse Medicale*, July 30, 1901, think that the only way of making a possible diagnosis of smallpox is, in most cases, to examine

the blood. If an excess of lymphocytes, or especially of myelocytes, be found present, it is possible to exclude measles, scarlet fever and purpura, and thus arrive at a diagnosis of smallpox.

Notwithstanding this opinion, there is no doubt that, for all practical purposes, the diagnosis of a physician experienced in smallpox cases will be sufficiently convincing. At the present, the need is to procure the service of such persons.—*Medical Record*, Jan. 25, 1902.

A vaccination creed has been widely circulated in Chicago by the Department of Health, and it has been of the greatest service. Dr. Reynolds says, to the public vaccinators in arousing interest in the subject of vaccination among classes particularly exposed to smallpox. The plan is worthy of attention. The "creed" reads as follows:

We, the undersigned, hereby publicly profess our firm belief, based upon positive knowledge, gained through years of experience and study of smallpox and vaccination—

1. That true vaccination, repeated until it no longer "takes," *always* prevents smallpox. *Nothing else does.*
2. That true vaccination, that is, vaccination properly done, on a *clean* arm with *pure* lymph and kept perfectly *clean and unbroken* afterward, never did and *never will make* a serious sore.
3. That such a vaccination leaves a characteristic scar, unlike that from any other cause, which is recognizable during life, and is the *only* conclusive evidence of a successful vaccination.
4. That no untoward results ever follow such vaccination; on the other hand, thousands of lives are annually sacrificed through its neglect—a neglect begotten of *want of knowledge.*

A supplement to the vaccination creed for popular distribution has also been issued by Dr. Reynolds, of the Chicago Department of Health. We quote some of its sentences:

"Not one of the 346 cases of smallpox discovered in Chicago within the last three years was found vaccinated, as defined in the vaccination creed.

"Of the total number, 306 never had been vaccinated at all, though most of them claimed that they had. Examination of the arms proved that these attempts at vaccination were failures; there was no scar, and the patients finally admitted that the vaccinations when performed did not 'take.' A 'failure' is not a vaccination; therefore, these 306 cases had never been vaccinated.

"Of the remaining 40 cases, 26 had old, irregular and doubtful scars said to be the result of vaccination; but these were not characteristic; they were more like the scars from infected sores or wounds than those from vaccine. Nine had fair old scars of vaccination made from 30 to 40 years previously. Only five had typical (characteristic) scars; but these were also the results of vaccinations made many years before and never repeated.

"These 346 persons are examples of thousands of others who honestly believe they have been vaccinated, because they have had their arms scratched, something rubbed in and a more or less painful sore has resulted. There is no operation so simple and so safe as vaccination when properly performed and cared for. There is no operation in which such serious results follow carelessness and ignorance—even to death itself, either as a direct result through poisoning of the vaccination sore or from smallpox through failure to secure a successful protective vaccination. * * * The arm should be first thoroughly washed with soap and water and the site of the operation then wiped with alcohol. After the vaccine spot has dried, pin a clean soft handkerchief or piece of clean soft muslin to the shoulderseam of the undershirt so as to hang in loose folds over the spot and prevent the sleeve from rubbing it. This must be changed for a clean one every day until the scab comes off and the surface is healed. The vesicle and resulting scab must not be broken or injured in any way, and the arm and its coverings must be kept scrupulously clean from the time of the vaccination until it is well. * * * The rule is—repeat vaccination until the susceptibility to vaccine is exhausted. When this is done it is impossible to contract smallpox.

"This is the protection given the employes of the Department of Health, who handle and nurse smallpox pa-

tients and bury the dead from the disease, and in no instance, among the hundreds so employed, has any one of them ever contracted smallpox."

Some vaccination statistics of English cities were given by Dr. Bond at a recent meeting of the Hunterian Society. In the term "vaccinated" were included all showing any evidence whatever of vaccination, a very liberal allowance. The figures are epitomized in the following table:

	Total No. Cases of Smallpox	Under 10 years of age.					
		Vaccinated.			Unvaccinated.		
		Number	Number of Deaths	Deathrate	Number	Number of Deaths	Deathrate
London, 1891-1900.....	5,166	125	.....	.....	672	153	22.8
Leicester, 1892-'93.....	357	2	.....	.....	107	15	14.0
Sheffield, 1887-'88.....	4,703	353	6	1.7	228	100	43.9
Dewsbury Union, 1891-2	1,029	44	1	2.2	174	56	32.1
Warrington, 1892-'93...	667	33	2	6.1	32	12	37.5
Gloucester, 1895-96.....	1,979	26	1	3.8	680	279	41.0
Manchester, 1892-'93....	805	11	.....	.....	36	7	19.4
Oldham, 1892-'93.....	124	3	.....	.....	15	5	33.3
Leeds, 1892-'93.....	200	4	.....	.....	8	3	37.5
Halifax, 1892-'93.....	330	4	.....	.....	38	15	39.5
Bradford, 1893.....	658	14	.....	.....	57	23	40.3
Totals.....	16,018	622	10	1.6	2,047	668	32.6

CIRCULAR LETTER ON SCARLET FEVER.

[By JOSEPH Y. PORTER, State Health Officer of Florida.]

JACKSONVILLE, FLA., ———, 190—.

SIR: Scarlet fever is reported from your city, and some of your citizens express great apprehension that your physicians are not adopting sufficiently restrictive measures to prevent a general spread of the disease. It occurs, therefore, to the State Board of Health to indicate to you in a friendly manner, and without any intention to officiously intrude upon the prerogatives of your city health government, certain features of management which it is thought may aid your health authorities in their methods of eradication of scarlet fever from your community, and which, although very probably well known, may have been lost sight of or overlooked.

A few general principles apply to communicable diseases which, unrestrained, tend to become epidemic in character.

First—Cases should be isolated, not partially but completely, from well members of the family, and in order to do this effectively, a room for the treatment of the case or cases should be selected in the dwelling or home, well ventilated, and as far removed from the other occupants as is possible. To avoid a great deal of trouble after the termination of the case, and to lessen the danger of retained infection, the room should be as scantily furnished as will be conducive to comfort and hygienic care of the patient. Carpets, rugs, curtains, and superfluous articles of furniture should be removed, the floors, ceilings, and window casings wiped off to remove dirt and dust, and ample receptacles provided for disinfecting solutions, before the sick one is moved in.

Second—Only those who intend to nurse the sick and remain with the case should be allowed in the sick room. On no conditions should the nurses be permitted to have communication with the well members of the family or with the outside public without completely changing outer garments and disinfecting face, hands, hair, and beard. As this process is a troublesome thing to do several times

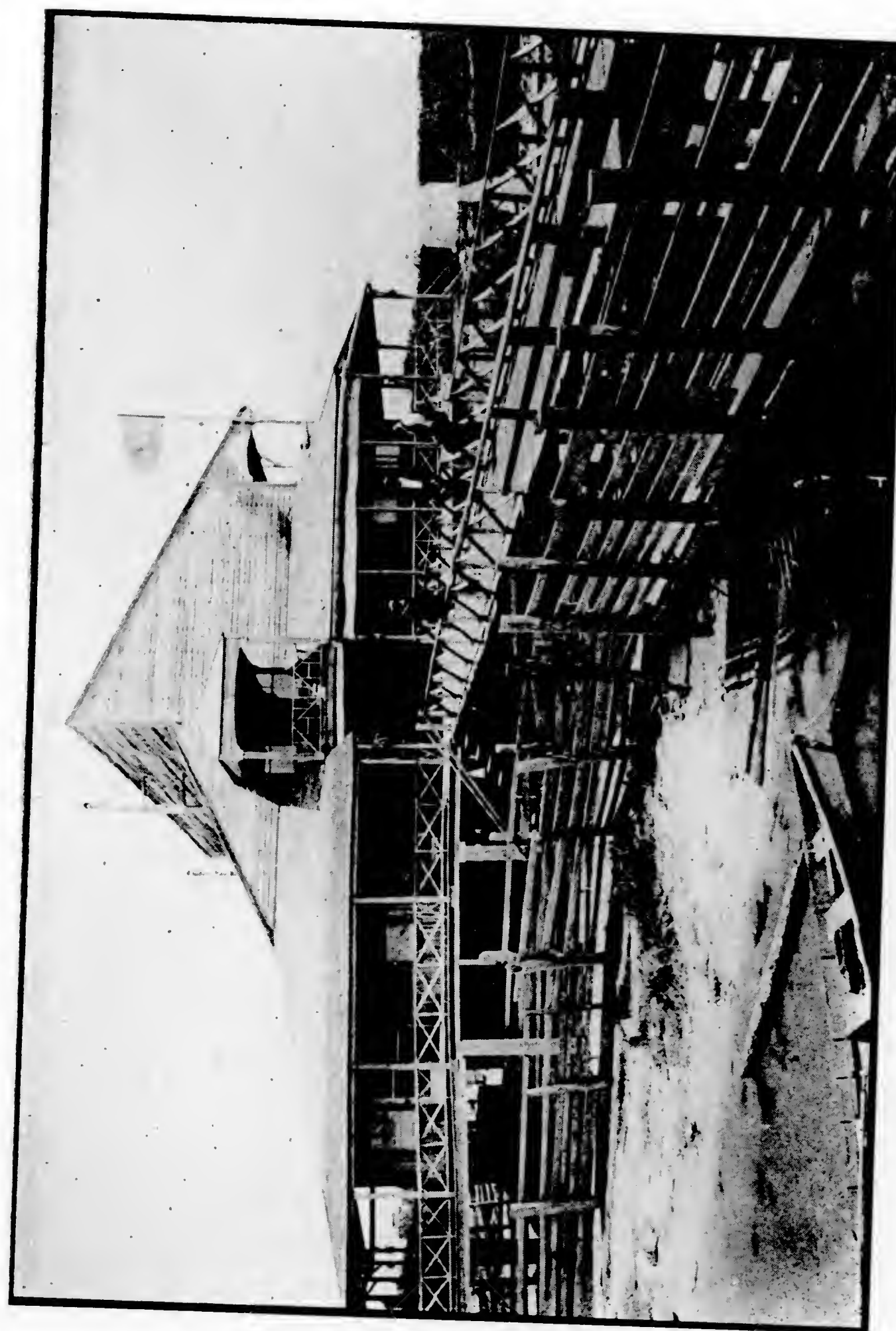
a day, it is the better plan for nurses in contagious diseases to keep themselves isolated with their patients.

Third—During the progress of contagious sickness, articles used in the sick room should be disinfected before leaving the apartment. Tumblers, mugs, dishes, knives and forks after being used by the sick should be dipped in a disinfecting solution or immersed in actually boiling water for fifteen minutes, and body linen, bedclothes, towels, handkerchiefs, and, in fact, every textile article used in or about a sick room or person, should be immersed for several hours in a strong germicidal solution before being removed from the room to be laundered. Disinfection of excreta of the sick—stools, urine, and discharges of every kind—should always be disinfected before taken in covered vessels from the sick room. In some diseases, such as diphtheria and scarlet fever, where there is apt to be much mucous and membranous discharge from the mouth and nostrils, the use of paper napkins is preferable, for these can be burned in a fireplace or stove in the room. This is also a good method of disposal of such soiled textile articles which have no particular value.

Fourth—On the termination of a case of contagious sickness, by complete recovery of the patient or by death, the apartment should be disinfected before being again used. Mattresses, pillows, and such bed-room furnishings that can not be boiled should be burned after removal from the room in covered boxes or vessels with impervious coverings.

The foregoing are some of the precepts which should be followed when dealing with any of the infectious and contagious diseases, and are equally applicable to cases of diphtheria, scarlet fever, and measles, as to smallpox and yellow fever.

Scarlet fever—scarlatina—as you doubtless know, is a highly contagious malady, which may be contracted at any age by those not protected by a previous attack, but is principally a disease of the developing period of life—youth—from infancy to 20 or 30 years. It is a disease, even when skillfully treated, which often leaves in its trail impairment of hearing, diminished eyesight, chronic sore throat, or kidney affection. Therefore, no one, specially a child, should be exposed under the fallacious idea, which is criminal, that children should have this disease before advancing to manhood or womanhood.



Quarantine Inspection Station, Punta Rassa.

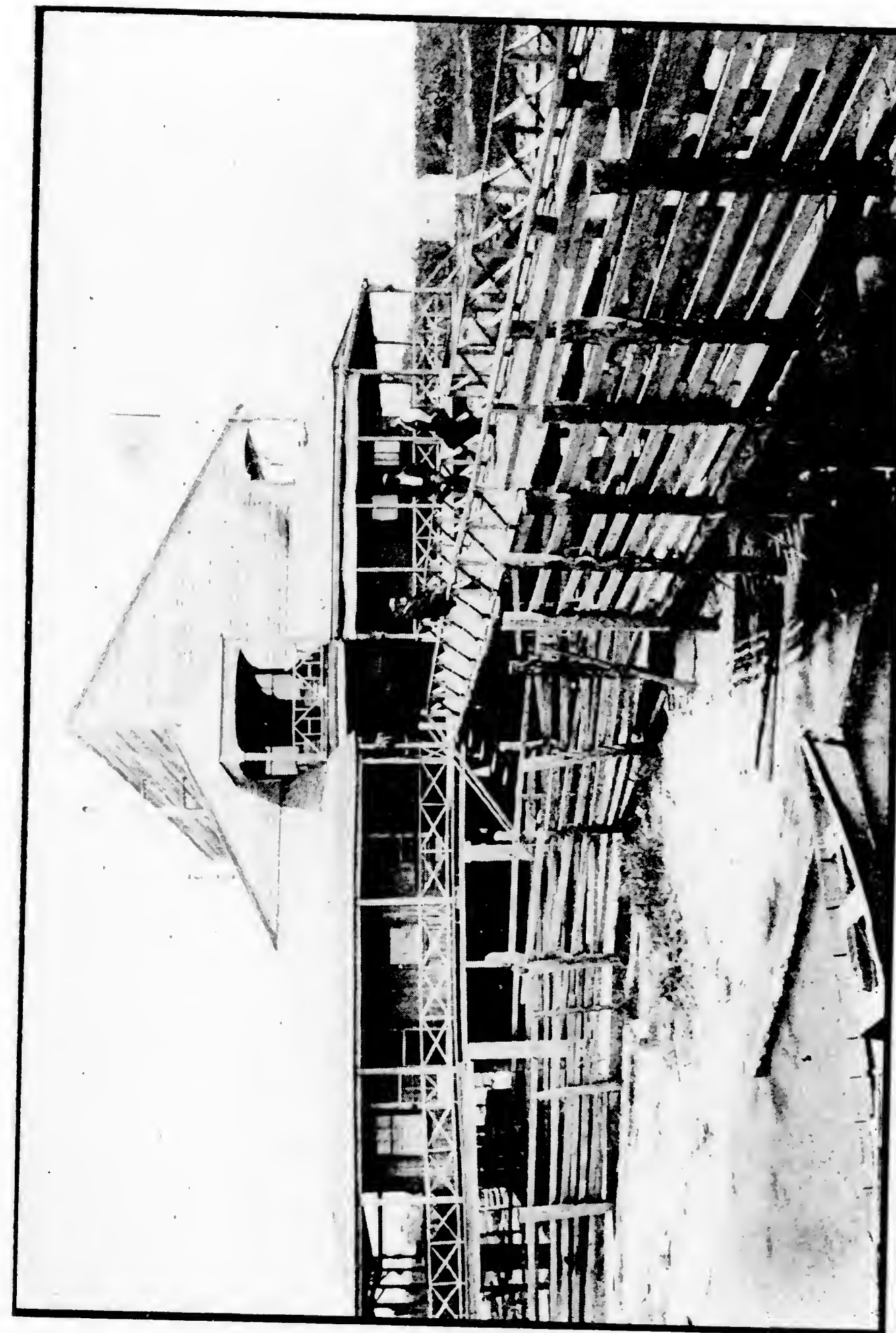
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Quarantine Inspection Station, Punta Rassa.

Anyone who would intentionally or needlessly expose another to the poison of scarlet fever, or any of the more highly contagious epidemic diseases, should be prosecuted by the law.

When scarlet fever is reported or suspected in a community, every sore throat accompanied by fever, and subsequently a rash, should be looked upon with uneasiness, and should be isolated from the well until the judgment of a physician is invoked.

Moderately severe cases generally present premonitory symptoms of sore throat, high fever—from 103 to 105 degrees F.—from twenty-four to thirty-six hours, and perhaps three days, when a bright red rash appears all over the body, accompanied with itching. The tongue has red papillae (which are plainly seen), with red tip, and which gives it the appearance of a strawberry. A strawberry tongue, therefore, with the other symptoms mentioned, and with albuminous urine, is strongly indicative of scarlet fever. From ten days to two weeks, sometimes longer or shorter, according to individual cases, the rash fades and disappears, when the desquamation period begins. This is an effort of nature to cast off the dead epidermis—scarf skin—of the body. Scarlet fever is a necrobiotic disease, destructive to tissues principally glandular. It is at this stage of sickness that ear trouble is manifested, eye-sight impaired, or kidneys become acutely inflamed. And it is also at this stage that the contagious principle is most acute and readily communicable.

No adult or child sick from scarlet fever should be given liberty or allowed communication with the public generally, until the desquamation period is entirely and completely finished. Parents in their impatience and haste to be relieved from restrictive regulations, too often declare their child or children well who have lately been sick from scarlet fever, before they *are well*, and before this "scarf skin" shedding period is through with. Thus, in a few days or weeks, other cases are reported in the same neighborhood among children who have been visiting, or playing elsewhere, with the scarlet fever convalescents.

In addition to insisting upon and maintaining a proper isolation of the sick with their nurses, if the municipal or town authorities will require imperatively that a scarlet fever case should not be released from restrictive regulations until the "shedding" stage is completely over.

and will then see that the room, rooms, or entire premises, if deemed advisable, shall be *perfectly* disinfected. I think that you will have no difficulty in preventing scarlet fever from spreading beyond the initial cases.

DISINFECTION AGAINST SCARLET FEVER.

[By H. D. GEDDINGS, Passed Asst. Surgeon, U.S.M.H.S.]
M. H. S.]

In the consideration of this subject, as in all other subjects connected with disinfection, the two general factors must be considered of the nature of the infection and the best means of destroying it.

As is well known, infection or communicability may be of two general varieties—the immediate, in which the disease is communicated by actual contact, and the mediate, in which the infection is communicated to articles or things and thence transmitted to others.

The infection of scarlet fever is of both natures. Immediate infection certainly can occur by the contact of a susceptible person with one suffering from the disease, but still more probable it is that the infection is highly mediate in its character and is communicated to the surroundings of the patient, furniture of rooms, bedding, clothing, etc., largely through the fine, scaly particles, which are given off by the patient and diffused with the dust of the room. This desquamation constitutes the essentially dangerous feature of scarlet fever from the point of view of the health officer for even after this desquamation process has been apparently completed it may be renewed and the patient again become capable of conveying infection. The poison clings with great persistency to clothing of all kinds and the furniture of a room, especially that which is upholstered. It is exceedingly tenacious in character, and clothing which has been put away for months, or even for years, may, unless thoroughly disinfected, again convey contagion.

Observations which have been made from time to time show that the disease has been often transmitted through the medium of the milk supply, and recent experience in Detroit, Mich., has shown that even when the milk supply is not at fault, the disease has been communicated through the medium of milk tickets which were repeatedly used.

The specific germ of the disease is not known. Therefore, disinfection of rooms or apartments where the disease has prevailed must be conducted on general principles. These disinfecting processes differ in no wise from those employed for the other acute infections or communicable diseases. The poison, while very enduring, is probably of a not very resistant nature, which is fortunate in view of the high contagiousness of the disease and its serious nature when prevalent in epidemic form.

It is desired to dwell with particular emphasis upon the danger which accompanies the desquamatory stage of the disease, which makes it different from the other acute infectious diseases. The effort must be not only to destroy the contagion conveyed in these particles, but to prevent the scattering of the said particles into the apartment where they become mingled with the dust always present in the atmosphere. Therefore, each case of scarlet fever must be a study in itself. No hard and fast rule can be laid down as to the period of time after the appearance of the disease when disinfection should be practiced. So long as the desquamation of the patient continues, so long is he or she liable to reinfect a room or apartment which has already been disinfected, no matter how thorough that disinfection has been. Observation alone can determine this point, and until the desquamation has ceased or means have been taken to minimize its danger, it is useless to undertake the disinfection of the sick room.

Much may be accomplished in the matter of prevention of spread of the disease by the thorough bathing of the patient with antiseptic baths, followed by inunction

with any of the animal or vegetable oils, or with a vaseline which has been rendered mildly antiseptic with carbolic acid, boracic acid, etc.

METHODS OF DISINFECTION.

As before remarked, all methods are applicable, and if faithfully and intelligently applied all are probably efficacious. Obviously there must be a difference in the methods, depending on the nature of the articles or materials to be disinfected. For the mattress of the sick room a surface disinfection may be accomplished, either by formaldehyd gas, or sulphur dioxide, or, if the infection is supposed to be deep seated, which it possibly may be, steam or immersion in hot water may be required.

Steam should only be applied in apparatus specially designed to obtain sufficient action, and if immersion in hot water is the method determined upon, care must be exercised that the article to be disinfected is totally submerged, that the water is at the actual boiling point, and that the boiling continue for twenty minutes or half an hour.

Particular attention should be taken to effectually sterilize the dust of the living room, and the walls, ceiling and floor of the apartment. Carpets, if any, should be removed and treated either by steam, by immersion in hot water, or by thorough exposure to one of the gaseous disinfectants to be considered hereafter. The walls, ceiling and floor had better be thoroughly wiped down with a solution of bichloride of mercury, 1-1000 in strength, or carbolic acid of a strength of 5 per cent. This cleaning must be thorough, as any dereliction will almost certainly meet its punishment in a renewal of the infection.

Disinfection with sulphur dioxide would be perfectly efficient against scarlet fever, but is open to the objection that, when applied in the proper germicidal strength for a sufficient length of time, it will injure or ruin any clothing, hangings, upholstery, and furniture which may

be subjected to its action. Undoubtedly it will some times become necessary to use this agent, in which case, with the limitation as to usefulness mentioned above, $3\frac{1}{2}$ to 4 pounds of powdered sulphur should be burned in the tightly closed room to every 1,000 feet of space, all cracks, windows and doors being tightly sealed, and the room should be kept closed from twelve to twenty-four hours. Due care should be taken that the vessels in which the sulphur is burned should be immersed in other vessels containing water, which, by its vaporization, renders the sulphur dioxide germicidally active, and without which moisture the process is useless.

Probably formaldehyd is the best germicide for the disinfection of the sick room or for the bedding and fabrics therein contained, with the possible exception of mattresses. Four methods of using the formaldehyd gas may be mentioned, namely:

First. The sheet method.

Second. The Kuhn lamp.

Third. By evolving formaldehyd from its watery solution by apparatus without pressure; and

Fourth. By the autoclave.

First. The sheet method may be briefly described as spraying suspended sheets with 5 ounces of the 40 per cent. solution of formaldehyd gas (formalin) for each 1,000 cubic feet of space; the time of exposure to be not less than five hours. The quantity should be divided between several sheets so as to form small drops rather than to effect a general wetting of the surface.

Second. The Kuhn lamp depends for effectiveness upon the production of formaldehyd by oxidation of wood alcohol by passing it over a platinized surface in a state of incandescence. The method requires the use of about 20 ounces of wood alcohol to about each 1,000 cubic feet of space, and the time of exposure should be not less than six hours, counting from the time when the alcohol is all

volatilized. One objection that has been made is that it may require a number of lamps or generators. This may be avoided by placing the generator immediately within the door of the apartment undergoing disinfection upon a board or other suitable contrivance. The apparatus may be withdrawn after the completion of the volatilization of the alcohol (about an hour and a half) by quickly opening the door and withdrawing it by means of a cord or rope previously attached to it. This can be quickly done without loss of gas, and the apparatus is then available for use in another apartment.

Third. The third method involves the employment of various forms of formaldehyd regenerating apparatus, of which the Trenner-Lee, the Lentz, and others too numerous to mention, may be accepted as types.

The process depends upon the principle of evolving without pressure formaldehyd gas from its watery solution, to which 1 per cent. of glycerin has been added. The process is one, so to speak, of disinfection by distillation. The apparatus is in sight and the gas is injected into the room or apartment through the key hole by means of a flexible tube. Twenty ounces of formaldehyd solution, with the addition of 1 per cent. of glycerin, should be used for each 1,000 cubic feet of space, and the apartment kept closed for six hours.

Fourth. Disinfection by the autoclaves manufactured by the Kuy-Schurer Company and the Kensington Engine Works, differs from the above process in that the formaldehyd gas is generated by heating formalin with a neutral salt in a retort under a pressure of at least 45 pounds to the square inch. At least 10 ounces of fluid should be used for each 1,000 cubic feet of space, and the time of exposure may be varied from two to twenty-four hours; six hours in general practice would be amply sufficient, but care must be taken that to the formaldehyd solution is added 20 per cent of a neutral salt, such as borax or calcium chloride, and that the pressure in the apparatus is from 45 to 60 pounds per square inch. The

gas is injected into the room through the keyhole by means of the nozzle and flexible rubber tube.

Any of the methods above given will prove thoroughly efficient in practice. Thoroughness of work is in this, as in all other disinfecting processes, an essential requirement; nothing must be neglected—nothing left to chance.

The infection of scarlet fever is very insidious, very long lived, and only fairly resistant. It must be thoroughly reached in order to be destroyed, but it is believed that the application of any one of the methods given above, or any combination of the methods, will result in thorough destruction of the infection if care is exercised in discriminating as to the time when the disinfecting process is employed. This should not be before the desquamation of the patient is complete, and even after the desquamatory process is apparently completed, care should be exercised as to the frequent bathing of the patient, and the application of the oily or greasy substances made mention of above.

In this, as in all other processes connected with disinfection or protection against infectious and contagious diseases, almost as much will depend upon the judgment of the health officer or attending physician as upon the method.—(*Public Health Reports, December 13th, 1901.*)

A MEMORIAL.

By the State Board of Health of the State of Florida to the Congress of the United States, requesting that Control of the Maritime Quarantine Service of the Ports of the Island of Cuba be retained by the United States.

WHEREAS: The proximity of the State of Florida to the Island of Cuba, as well as the intimate commercial relations existing between them renders the State of Florida peculiarly liable to the introduction of yellow fever and other epidemic diseases which, for many years prior to the occupation of Cuba by the United States, constantly infested the sea-port cities of that Island, constituting a constant and permanent menace to the public health of this State and other Gulf States of the Union, and necessitating a strict maritime quarantine which seriously interfered with intimate commercial relations between the United States and the Island of Cuba: and,

WHEREAS, During the occupation of the Island of Cuba by the military forces of the United States there have been instituted and maintained by the United States a competent and scientific system of sanitation in many of the cities of Cuba, and a rigid maritime quarantine and inspection service in the seaports of that island, in accordance with modern scientific methods, resulting in a marked improvement in the public health conditions of the Island of Cuba, and particularly in the City of Havana, thereby greatly reducing the possibility of the introduction of yellow fever and other epidemic diseases into the United States and the State of Florida, promoting commercial relations and establishing public confidence in the security of health and commercial conditions; and

WHEREAS, Measures are now pending in the Congress of the United States looking to the early surrender of the present maritime quarantine and inspection service to the newly organized local government of Cuba, the efficiency and purpose of which yet remains to be seen; and

WHEREAS, The surrender by the United States of the maritime quarantine and inspection service of the Island of Cuba at this time would be a menace to the public health of the State, as well as seriously affecting public confidence and the commercial relations between the two countries; be it therefore

Resolved, By the State Board of Health of the State of Florida, that in the event of the transfer of the administration of the government of Cuba, the Congress of the United States is earnestly requested to provide for the retention of the control of the quarantine and inspection service of Cuba for a term of years, or until such time as perfect assurance may be felt in the maintenance of such maritime quarantine and inspection service in its present efficiency; and be it further

Resolved, That copies of this memorial, duly signed and certified by the President and Secretary of the State Board of Health, be sent to the Governor of the State of Florida, and that he be requested to transmit the same to the Senators and Representatives of this State in the Congress of the United States.

REPORT OF PUBLIC COMMITTEE OF HOUSE ON VACCINATION BILL, ETC.

Extract from the journal of the House of Representatives of Florida, of April 9, 1901.

Mr. Porter, of Monroe, Chairman of the Committee on Public Health, submitted the following report:

House of Representatives,
Tallahassee, Fla., April 9, 1901.

Hon. John W. Watson, Speaker of the House of Representatives.

SIR—Your Committee on Public Health, to whom was referred House Memorial No. 73, being a "Memorial from the State Board of Health, asking for the passage of an act which shall provide by direct Statute Law for the

Compulsory Vaccination and Re-vaccination of the citizens and residents of the State," beg leave to report that it has carefully inquired into the merits of the same, and into the reasons therefor. Your Committee recommends that the request of the State Board be granted, and has prepared a bill to be entitled, "An Act authorizing the passage of Ordinances by Incorporated Cities and Towns, and the promulgation of Rules and Regulations by the State Board of Health, to enforce and compel the vaccination and re-vaccination of citizens and residents of the State of Florida, and prescribing the duties of certain officers and persons, to that end, and providing for failure or neglect to comply with the provisions of the same," which bill is herewith attached, with further recommendation that it do pass. Your Committee has also prepared and herewith present as information relating to the general subject of the control of smallpox by vaccination, a brief synopsis of the views entertained and promulgated by the State Board of Health of Florida, and other State Boards of Health of the United States, together with opinions and extracts from the writings of eminent sanitists and scientists, of this and other countries, on this subject, with certain exhibits of statistics and facts.

As this addendum is thought to be both useful and interesting when considering this great measure, your Committee recommends and earnestly requests that it may be printed with this report in the Journal of the House.

Respectfully submitted,

JOSEPH Y. PORTER,
Chairman of Committee.

EXECUTIVE OFFICE, STATE BOARD OF HEALTH OF FLORIDA,
JACKSONVILLE Feb. 21, 1901.

Memorial to the Legislature of the State of Florida, asking for the passage of an act which shall provide by direct statute law for the compulsory vaccination and re-vaccination of citizens and residents of the State.

To the Honorable Speaker of the House of Representatives:

WHEREAS, The prevalence of smallpox throughout the United States and its continual importation into the State of Florida constantly threatens the public health of the State, in spite of the activity of the State Health au-

thorities in their attempt to enforce rules and regulations directed to its prevention and exclusion; be it

Resolved, By the State Board of Health, now in session, That our Senators and Representatives in the Legislature soon to be assembled, be requested to emphasize to the people of the State of Florida the urgent necessity of the adoption of strict precautions for the prevention of the disease of smallpox, by the passage of an act for the compulsory vaccination of the citizens and residents of the State.

W. B. HENDERSON,
President.

(Seal.)
JOSEPH Y. PORTER,
Secretary.

SUPPLEMENTARY REPORT OF THE COMMITTEE ON PUBLIC
HEALTH ON BILL FOR "COMPULSORY VACCINATION."

Your Committee further respectfully asks permission to invite attention to the following citations from the last (12th) Annual Report of the State Board of Health of Florida, and similar organizations of other States, as well as quoting from writings of eminent scientists and sanitists, who have discussed this subject—smallpox—and its eradication by compulsory vaccination.

That the State Board of Health of Florida is not alone in the opinion that compulsory vaccination is the only effective way to deal with smallpox, and is the remedy for its final eradication, the following, taken from the *Texas Medical News*, is reproduced:

"In our own county (Travis) within the past week there have been two deaths from smallpox, and we believe the disease is becoming more malignant all over the State, and smallpox is no longer confined to one or two precincts, but exists here and there throughout Texas. Some counties put on strict quarantine, isolate, vaccinate and soon stamp out the disease, while others make little or no effort to prevent its spread.

"The way the law reads at the present time, there is no uniform system. One county may have a vigilant Health Officer, and "shut in" a case when it exists, thereby protecting its people and those of neighboring counties, while another county will refuse to incur the expense of a rigid quarantining of its cases, and they are

permitted to infect others and go to neighboring counties, thereby spreading the disease and making an additional expense for innocent counties, unless they declare a rigid quarantine, thereby interfering with travel and commerce.

"The remedy we have to suggest is compulsory vaccination. If such a law were passed by the Legislature and signed by the Governor, suppose we see what would be its effects. The large number of the intelligent people of the State who realize the value of vaccination, and who have a due regard for their health and the prevention of disease, would not be affected by such a law, because they have already been vaccinated. Likewise the school children of many independent school districts and employees of certain railroads, etc., etc.

"There would be a few persons who have been misled by ignorant or misinformed doctors, and some others who pride themselves on being anti-vaccinationists, as well as some who had simply neglected this precaution from an oversight; a certain number of people who are not informed upon the necessity and value of vaccination, and a very large percentage of the lower class of the population who are ignorant of the value of such treatment, and do not care either for their own protection or that of the community.

"Such a law would compel all such persons to be vaccinated, thereby rendering themselves immune and preventing the spread of the disease.

"Any one who will compare the statistics of those countries where compulsory vaccination has been adopted and enforced, they will see conclusive proof of its value.

"When a State has so much territory exposed to Mexico, where the disease constantly exists, this plan is especially indicated. Ample provision can be made for vaccinating the poor, thereby working no hardship upon any one.

"Such a law will stamp out the disease within a short time, save the people thousands of dollars, do away with quarantining, which proves so detrimental to commerce, and, greatest of all, a large amount of sickness and suffering, and save many lives annually."

The Board is willing to stand upon its record of faithful effort in the management of small pox in every section of the State, and invites, without fear, an honest and

truthful criticism of its work of loyal and untiring zeal in searching for cases, in caring for the same when discovered and for an economical management of a large number of patients.

The Board certainly must be credited with—and should demand recognition—for having handled the situation well in Gadsden county, where it was epidemic, for there has not been another case in the past eighteen months. Nor has there been any recurrence of the malady in the Waldo section of Alachua county, where it was finally eradicated after a long fight, and this applies to other phosphate mining neighborhoods of the same and neighboring counties, where efforts to "stamp it out" were in operation for several weary months. The Dunnellon mining section was likewise badly infected at one time, and called for persistent and continued efforts on the part of the State Health authorities. The Board eventually conquered, and there have been no cases in Marion county in months. And there are a dozen other localities. These are the bright pages in the State's smallpox history, and it is upon these points that the Board rests its arguments of successful work. It required time to accomplish what has been mentioned—for smallpox develops slowly—but in the end the disease was totally eradicated, and the expense, when considered in the aggregate of cost and total number of cases, was moderate. To be sure, the entire cost of the work of smallpox suppression in Florida seems large, but Florida is an immense State and the infection has been widespread over the whole country, whence came constant reimportations.

It can be said without fear of truthful contradiction, that the State of Florida has looked after the interest of her citizens more carefully and protected them to a greater degree against the spread of smallpox than has any other State in the Union. Those who have made a study of this subject, or have carefully watched the spread of smallpox in other States, and the measures taken for its suppression elsewhere, will attest the accuracy of the statement just made.

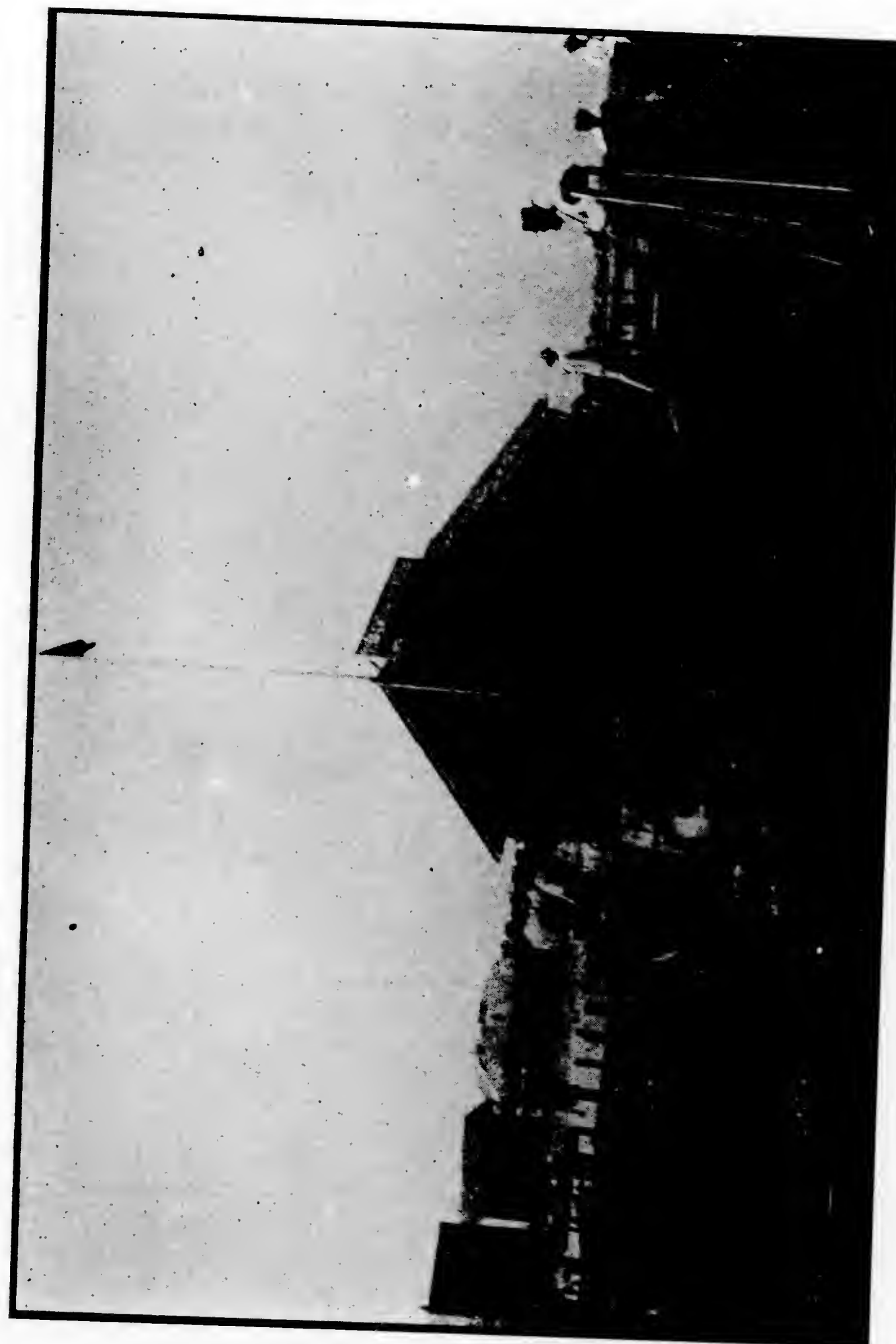
The following quotation from the *Ohio Sanitary Bulletin*, the monthly publication of the Health Board of that State, so appropriately describes a situation which has its counterpart in Florida, that it is reproduced, not only to show what the Florida Health authorities have to contend with, but to emphasize the fact that these conditions

are not peculiar to Florida, but are shared in by other State health organizations:

"Demands for the investigation of the outbreaks of smallpox by the State Board of Health are now of daily occurrence. It has frequently happened of late that the Secretary has been called on the same day, by telegraph or telephone, to as many as four different places in the State on account of smallpox. It is manifestly impossible for him to answer all calls in person, nor is it necessary or even wise that he should. The State Board of Health has appointed physicians in various parts of the State as Medical Inspectors for the Board. These Inspectors were selected with much care, and with special reference to their experience in recognizing and dealing with smallpox. When it is actually necessary for an investigation to be made, and neither a member of the Board nor the Secretary can go, an Inspector will be sent. It is not necessary that every outbreak of smallpox should be investigated by the State Board of Health. It is essential that an early and positive diagnosis be made in all suspected cases. The present epidemic has suffered great difficulty in this respect, as the great majority of cases do not follow the descriptions laid down in the text books; and smallpox for many years previous had been such a rare disease that many, perhaps the majority of our physicians, had never seen a case of the disease. The present epidemic, however, has prevailed for nearly three years, and the medical journals have published good descriptions of the generally mild and often typical cases we are having. The State Board of Health has also distributed an illustrated pamphlet describing smallpox as it has presented itself during the epidemic. There can, therefore, be no occasion for calling upon the Board to establish the diagnosis in each outbreak.

"Physicians may, in some doubtful cases, refuse to take the responsibility of deciding the question, and in this event the State Board will send some one to establish, if possible, the diagnosis. When a physician reports a case to the local health authorities as smallpox there should rarely be any other question for them to consider except how to prevent spread of the disease.

"It is true that merchants are loth, as a rule, to admit that smallpox has appeared in their community, and they often insist upon calling upon the State Board, hoping the diagnosis will be changed. Local Boards of Health



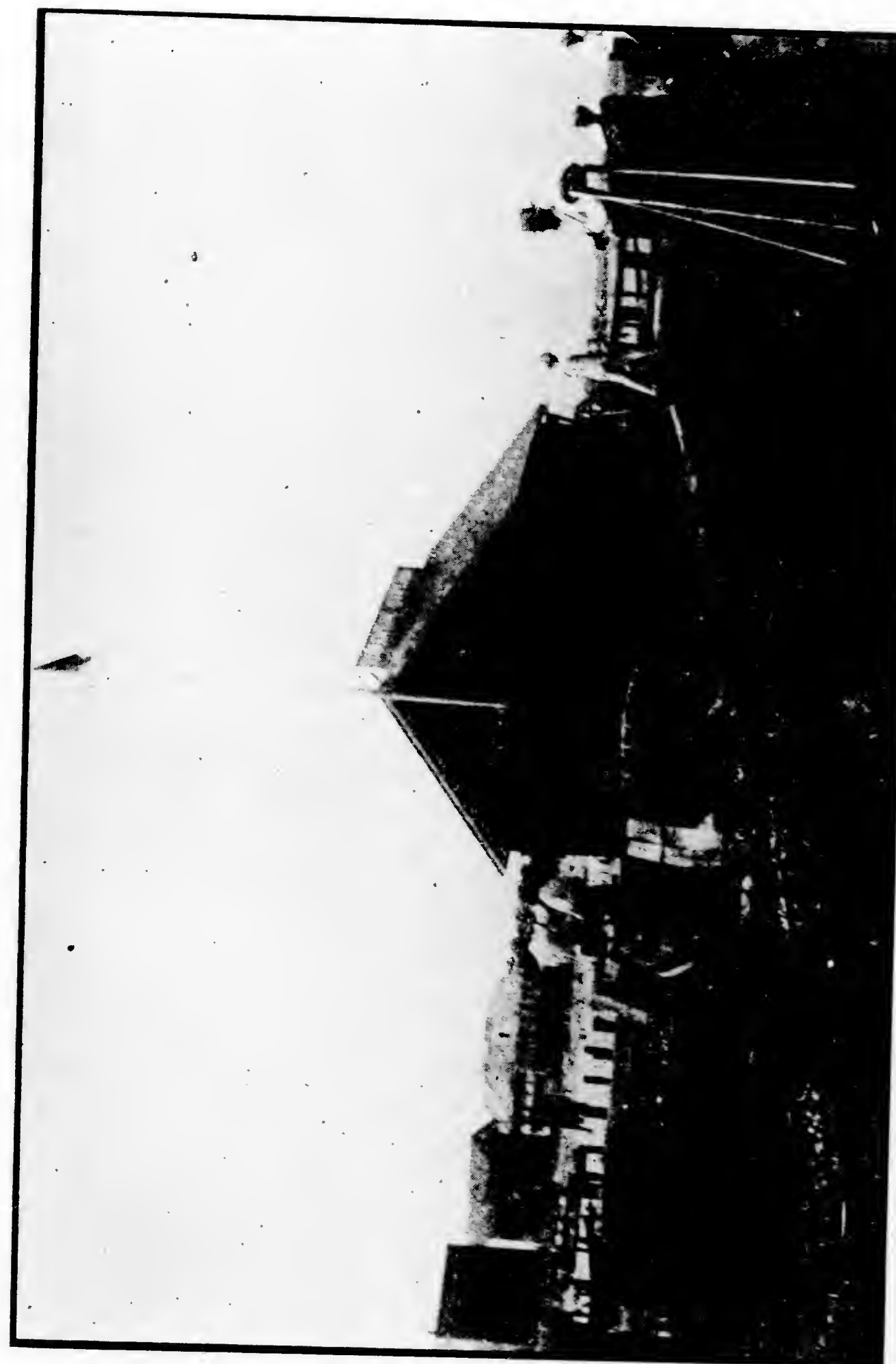
Mayport Inspection Station, Mayport, Fla.

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Mayport Inspection Station, Mayport, Fla.

have authority to employ physicians to examine and report upon suspected cases, and the State Board should not be called upon for diagnostic purposes, when it is possible by local aid to positively establish the nature of a suspected case.

"The local authorities naturally look to the State Board of Health for aid and advice in preventing the spread of smallpox. The Board stands ready at all times to render every possible assistance in this direction. The Board has adopted and promulgated rules for dealing with smallpox which includes the essential measures for dealing with the disease. It has also had prepared a circular on disinfection, and one on the prevention of smallpox, intended for public distribution. These are sent to the various communities where smallpox appears.

"There are many questions, however, that arise in dealing with smallpox that require special attention. In most instances these can be answered by telephone or letter, and do not necessitate a personal visit by the Secretary or other representative of the State Board. Each mail of late brings in numerous letters from local authorities asking for advice upon questions often of a special local character, requiring an early response. Advice of this character is sought daily by telephone.

"As an example, recently a local authority reported by telephone having just found a man in a saloon broken out with smallpox. He wanted to know if he could quarantine the saloon and its inmates; if he could seize an empty building and convert it into a pest house; if he could have a pest house built, and what was best to be done under these circumstances. Similar questions are constantly arising wherein the local authorities need to be promptly advised as to their powers and duties.

"This article was written to show that many different localities are asking the advice and assistance of the State Board at this time in reference to smallpox. That the Board is not only willing, but anxious, to help local authorities to the extent of its powers. That in many cases the required aid can be given without a personal visit; that local authorities should not shirk their responsibilities, and should call upon the State Board for a personal visit only when they are unable to deal with the emergency."

Zealous efforts have been made to eradicate smallpox from Florida during the past year, and its appearance

now and again has been due to reimportation from other States, and in a great part indifference and studied secretiveness by a population which most generally acts as an impediment to all measures calculated to benefit the sanitary conditions of the State. It has not been due to any lack of earnest endeavor on the part of the State Board of Health to get rid of this most annoying and loathsome disease. It was recognized early in the fight against this trouble that occasional cases of outbreaks of smallpox would occur through importation of negro labor from neighboring States in which comparatively little effort has been made to prevent a spread or to stamp out the disease. From the mildness of seizures which has generally characterized the smallpox in the United States of late years, disputes have arisen as to the correct nature of this disorder, and it has been termed "chickenpox," "Cuban itch," "bumpers" and a variety of expressions which in their simplicity convey no dread or idea of danger. Smallpox has thus been allowed to propagate and distribute itself, until at this writing there is scarcely any city of any size in the United States from which reports of smallpox do not appear, and in some in an alarming state of prevalence. For instance, in a small town in Nebraska, of a population of 625, from April to December there were 451 cases. Cases of smallpox which have occurred in Florida have occasioned no alarm, because, acting under the instructions and demands of a statute passed at the Legislative session of 1889, the State Board of Health has given attention to every outbreak and isolated cases of this sickness which have been reported or been found, when investigating other sanitary subjects. Special medical agents of the Board, under instruction from the executive office of the Board, promptly respond to every call and give supervision to the management of each case that the local agent of the Board—now a purely honorary position—or the local practitioner of medicine, may not be required to devote either time or service to a sickness, which always proves pecuniarily disastrous to private medical practice. While the expense attending the management of smallpox during the past year has been large, it should be borne in mind, however, that the statute on this subject is mandatory and not discretionary, and the executive officer of the Board has been left no option in the matter. It is affirmed that the administration has been conservative and economical, and

that the bills for controlling this class of diseases could not have been lessened without defeating the object to be accomplished, namely, efficient management, or somewhat disobeying the laws of the State. While patients suffering from smallpox have all been humanely cared for, and there has been no extravagant expenditures allowed, it should be recognized by the people that the State offers a free insurance policy against smallpox by vaccination, which is performed at no expense to the individual citizen of the State. Therefore, the State should not be obligated to take care of in luxury those who, through indifference to their own welfare of the comfort and well being of their neighbors, persistently oppose and refuse to accept the generous charity of the State. It is sometimes thought the statute respecting the care and treatment of contagious diseases is too liberal, and that communities permitting smallpox to spread by refusing to pass a compulsory vaccination ordinance, and to rigidly enforce it, should not be permitted to be a menace to the rest of the State and to become a financial burden upon the whole people in the matter of cost in caring for smallpox patients. The remedy of "quarantining," though harsh, would awaken a sense of obligation to the body politic and speedily eradicate the disease. Smallpox might be prevented entrance into Florida by surveillance of travel into the State. It has been kept out of Key West by inspecting every boat arriving at that port and vaccinating those not protected. Since the adoption of this regulation no cases have been reported from Key West. It is appreciated, however, that this manner of surveillance over travel could not be exercised at places not isolated and only accessible by water, as is the case of Key West, because it is not possible to watch wagon and railroads in this manner, without great expense, which would bankrupt the Board's treasury and seriously damage and demoralize travel and commerce. After all, the remedy lies in universal vaccination of the people, and until this is done, even though it must be by compulsory enactment, the "fiddler must be paid" if the people wish to dance to the tune of "Do as You Please."

Permission is asked to repeat here what was said in the last annual report (1900), when discussing the subject: "Until the Legislatures of the different States of this country enact compulsory vaccination laws, and they are strictly enforced, smallpox will continue to oc-

cur and prevail and a vast amount of money will annually be expended in caring for cases occasioned by an ignorant and prejudiced class in their foolish opposition against one of the greatest boons which has ever been given to mankind." The entire article of the report of 1900 on the subject of smallpox could be reproduced here, and, it is thought, without a change of needless repetition, for it is only by "line upon line, precept upon precept" that sanitary teachings are impressed, or effect a due realization of obligation by the people. The question of expense in the management of smallpox, as well as other diseases and departments connected with the State Board of Health administration, is frequently referred to and dwelt upon, and explanation therewith elaborately furnished, because of the proneness of human nature to criticize and the unreasonableness of a few who view the money side of the question rather than the benefit derived by the people in comfort and confidence. A dignified trust and implicit faith is reposed and expressed by neighboring States of the country in the ability of the State Board of Health of Florida to entirely and successfully control all conditions unfavorable to the health of the people of Florida, which should in a measure compensate for pecuniary outlays.

In preparing citations of statistics for the information of this Honorable House, your Committee is overwhelmed with the volume of data relative to the protective power of vaccination; permission is sought to quote the following, however, which can be augmented *ad infinitum* from the vast amount of literature on the subject:

"In Paris, where vaccination is not energetically enforced, the death rate from smallpox ranges from 1.36 to 10.1 per 100,000 inhabitants.

"In the principal German cities, where vaccination laws are enforced with vigor, the death rate from smallpox is 1.44 per 100,000 inhabitants.

"In London, where compulsory vaccination is rigidly enforced, the death rate from smallpox is only 0.6 per 100,000.

"In the Canton of Zurich, Switzerland, since the compulsory vaccination law was repealed, the mortality from smallpox has risen from 8 to 85 per 100,000 inhabitants.

"During the seventeenth and eighteenth centuries not a decade passed without a fearful epidemic of smallpox. In England, seven to nine per cent of all the deaths were due to it. It was one of the most destructive diseases, attacking, as it did, persons in every station of life.

"During the sixteenth century, in Mexico, 3,500,000 persons died of smallpox. In 1734 nearly two-thirds of the population of Greenland were swept away by an epidemic of the disease, and in Iceland 18,000 persons died out of a population of 50,000.

"Its ravages among savage nations are not less disastrous than among the civilized. Whole tribes have been exterminated. Washington Irving and other writers have graphically described the horrors it wrought among our North American Indians.

"During the years from 1783 to 1799, inclusive, one-tenth of the entire death rate of Berlin was from this disease alone.

"Dr. Lettsom, of London, calculated that in Europe, annually, 210,000 beings were by this means deprived of life.

"In Ceylon its appearance caused whole villages to be abandoned.

"More than 10,000 Indians were destroyed by it in one year in the province of Quito, South America.

"It was no respecter of persons. Kingdoms and Empires were thrown into confusion by the death of crowned heads. Among its royal victims history mentions five descendants of Louis XIV, of France, and in the same period Joseph I, Emperor of Germany, in 1711; Peter II, Emperor of Russia, in 1730; a Queen of Sweden, in 1741; Henry, Prince of Prussia, in 1767; Maximilian Joseph, Elector of Bavaria, in 1777.

"Macaulay, the English historian, did not exaggerate when he called the disease 'the most terrible of all the ministers of death,' and said, in describing its ravages in the seventeenth century, 'Smallpox was always present, filling the churchyard with corpses, leaving on those whose lives it spared the hideous traces of its power,' for two-thirds of the pauper blind in England were made so by this cause."

Bearing upon the preventive efficacy of scientific vaccination, to which it is hardly necessary to refer in this presence, it is worth while to mention that in the Island

of Porto Rico, lately ceded to the United States, smallpox, though formerly prevalent, has been completely banished by the enforced vaccination, under Governmental direction, of the entire population of 800,000 inhabitants. The same can be said of Cuba.

It is stated, upon excellent authority, that there have been about three hundred thousand cases of smallpox in the United States since the early part of 1898. A remarkable fact connected with this, is that the disease has been almost unknown in those States where vaccination has been looked after for years—principally the New England States, which are the oldest and possibly the most experienced in matters of public health protection. Those progressive commonwealths have preached and practiced vaccination for many years, and the results show for themselves.

The *Public Health Reports* of the United States Marine Hospital Service gives the following comparative statement of the smallpox situation for the six months named:

Total number of cases reported for six months beginning December 29, 1899, and ending June 29, 1900	12,566
Total number of deaths	682
Total number of cases same period 1899	8,649
Total number of deaths same period 1899	500
Total number of cases reported from June 29, 1900, to August 24, 1900	3,546
Total number of deaths	108
Total number of cases same period 1899	808
Total number of deaths same period 1899	3

About the time the Legislature was last in session—the spring of 1899—an outbreak of smallpox occurred in Gadsden county, there being as many as 100 cases. The matter was vigorously taken hold of by the State Health authorities, vaccination was rigidly conducted, with the result that the epidemic was shortly controlled, and from that day to this there has not been another case of smallpox in that county.

In May, 1899, a case of smallpox was imported from Macon, Georgia, the man going to Waldo, Alachua county, this State, where he was treated for chickenpox. Cases continued to occur there from May to August, when the attention of the State Board of Health was called to the matter. That Board immediately assumed charge and



Cumberland Sound Quarantine Station.

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Cumberland Sound Quarantine Station.

stamped out the epidemic—how? by vaccinating every living soul residing anywhere in that portion of Alachua county. What was the result—although there had been 310 cases, not another case has occurred in that part of the State from that day to this.

Invariably where thorough vaccination has been performed there has been a cessation of the trouble and no repetition of it. There being no law, the State health authorities have had to rely entirely upon entreaty and persuasion, which is not always possible.

Since the completion of the vaccination crusade and disinfection in and around Dunnellon, Marion county, that section has been free from smallpox, although prior to that time not less than fifteen hundred cases occurred in that portion of Marion county.

It would seem unnecessary to further argue this point of the efficacy of vaccination, but another quotation is submitted in some figures prepared by the State Health Officer of Alabama:

Let us see what this great boon has done:

There died annually, from smallpox, to every million of inhabitants—

Localities	Before Vaccination	After Vaccination
Sweden	2,050	158
Austria	3,095	841
Trieste	14,046	182
Moravia	5,402	205
Silesia (Austrian)	5,812	198
Prussia (Eastern)	3,321	56
Berlin	3,422	176
Copenhagen	3,128	286

Dr. Cyrus Edson, Chief Inspector of Infectious Diseases of the Health Department of the City of New York, says:

"During over nine years of service in the Health Department of New York, I have never seen a case of smallpox in a person who had been vaccinated successfully within five years, and the number of cases I have seen mounts into hundreds.

"During that period, I have seen only one Inspector of Contagious Diseases contract smallpox, and he was the only Inspector who disbelieved in vaccination, and refused to have it performed on himself."

Physicians, as a class, are notably exempt from smallpox, although very often exposed. It is their custom to revaccinate themselves whenever a case of variola appears in their vicinity. Should this be practiced by all persons, an epidemic of smallpox would be unknown.

As to compulsory vaccination, Dr. Wm. C. Cutler, a noted writer on this and kindred subjects, says:

"To a superficial investigator, compulsory vaccination may appear to be an infringement upon the personal rights of an individual, but when his relations to society are such that he becomes dangerous to the life and health of others, he should then be considered a nuisance, and legally treated as such. A law which compels vaccination reaches beyond the present question, and affects the interests of the community, for every unvaccinated person contributes to the material that increases great epidemics. No city with a large unvaccinated population is ever safe from the ravages of smallpox."

Dr. Carpenter, whose efforts in behalf of the hygienic good of man have been most earnest and successful, was a zealous advocate of compulsory vaccination. He maintained that it is the right and the duty of the State to act for the good of the public in matters of health as well as of education; that society should be protected against disease and death as well as against illiteracy.

The efficacy of vaccination as a preventive of smallpox is doubted by no unprejudiced person. Smallpox will never be blotted out of the list of existing diseases until the practice of vaccination and re-vaccination is extended and enforced.

In connection with any question as to the legality of compulsory vaccination, your Committee respectfully append the following decision of the Supreme Court of the State of North Carolina, which is the first State, we believe, to pass such a law:

THE LEGALITY OF COMPULSORY VACCINATION.

Our Supreme Court, says the *Bulletin* of the North Carolina Board of Health, has just rendered a decision affirming the right of county and municipal authorities to enforce compulsory vaccination—greatly to our satisfaction, for an adverse decision would have been fraught with the gravest consequence to our people. It gives us therefore much pleasure to print below the able opinion of the Court as delivered by Justice Clark. Bearing as it does upon an always important and now especially inter-

esting subject, we hope the newspapers of the State will give it wider publicity by printing it in their columns:

No. 169.

N. C. SUPREME COURT—February Term, 1900.

Alamance County.

State, Appellant vs. W. E. Hay.

Attorney-General for the State.

Defendant not represented.

Clark, J. Chapter 214 of the Laws of 1893 is a well considered and carefully drawn statute for the preservation of the public health. Section 23 thereof, which is specifically in regard to vaccination, contains among other provisions this clause: "The authorities of any city or town or the board of county commissioners of any county may make such regulations and provisions for the vaccination of its inhabitants under the direction of the local or county boards of health or a committee chosen for the purpose, and impose such penalties as they deem necessary to protect public health." There is no provision of the Constitution which forbids the Legislature so to act, and it is indeed an exercise of that governmental police power to legislate for the public welfare which is inherent in the General Assembly, except when restrained by some express constitutional provision.

Salus populi suprema lex—"the public welfare is the highest law," is the foundation principle of all civil government. It is the urgent cause why any government is established, for, as Burke says, any government is a necessary evil."

It is, however, a much lesser evil than the intolerable state of things which would exist if there was no government to bridle the absolute right of every man to do "that which seems right in his own eyes," like the Israelites in days of Micha. The above maxim, quoted from Lord Bacon, is placed appropriately first by Broom in his treatise on "Legal Maxims" with this just observation. "There is an implied assent on the part of every member of society that his own individual welfare shall, in case of necessity, yield to that of the community, and that his property, liberty and life shall under certain circumstances be placed in jeopardy or even sacrificed for the public good." This observation, which is almost a literal translation from Grotius, he fortifies by quotations from Montesquieu, Lord Hale and many opinions from both sides of the Atlantic. But it needs none, for it is every

day common sense that if a people can draft or conscript its citizens to defend its borders from invasion it can protect itself from the deadly pestilence that walketh by noonday by such measures as medical science has found most efficacious for that purpose. We know by an historical fact that prior to the discovery 101 years ago of vaccination by Edward Jenner, small-pox often destroyed a third or more of the population of a country which it attacked, and so futile was every precaution and the most careful seclusion, that the greatest sovereigns fell victims to this loathsome disease, which Macaulay has styled "the most terrible of all ministers of death." If this was so in days of imperfect communications, the present rapid means of intercourse between more distant points would so spread the disease as to quickly paralyze commerce and all public business, if government could not at once stamp out the disease by compelling all alike, for the public good as much as for their own, to submit to vaccination. Statistics taken by governmental authority show that while 400 out of every 1,000 unvaccinated persons exposed to the contagion are attacked by it, less than two in a thousand take the disease when protected by vaccination within a reasonable period. There are those, notwithstanding these well ascertained facts, who deny the efficiency of vaccination, as there are always some who will deny any other result of human experience, however well established, but the Legislature, acting in their best judgment for the public welfare, upon the information before them, has deemed vaccination necessary for public protection, and their decision, being within the scope of their functions, must stand until repealed by the same power.

The power of the Legislature to authorize county and municipal authorities to require compulsory vaccination has been exercised by nearly every State, and has been recently sustained by the highest courts of our sister states. *Morris vs. Columbus*, 102 Ga. 792; *Blue vs. Beach*, (Supreme Court, Indiana, February 1, 1900), 56 N. E. Rep. 89, and there are no decisions to the contrary. In reply to the argument that such exercise of power by the Legislature may in some cases infringe upon the individual rights, Cobb, J., in the Georgia case just cited, well says: "No law which infringes upon the natural rights of man can be long enforced. Under our system of government, the remedy of the people, in the class of cases where the courts are not authorized to interfere, is at the ballot

box. Any law which violates reason and is contrary to the popular conception of right and justice, will not remain in operation for any length of time, but courts have no authority to declare it void merely because it does not measure up to their ideas of abstract justice. The motive which doubtless actuated the Legislature in the passage of the act now under consideration was that vaccination was for the public good. In this the General Assembly is sustained by the opinion of a great majority of the men of medical science both in this country and in Europe."

But even if we were of opinion with the small number of medical men who contend that vaccination is dangerous to health and not a preventive of the disease, the court is not a paternal despotism, gifted with infallible wisdom, whose function is to correct the errors and mistakes of the Legislature. *Brodnax vs. Groom*, 64 N. C., 250. Our people are self governing, and themselves correct the mistakes of their representatives. The function of the courts is to construe and apply the laws, and they can hold a statute nugatory only when plainly and clearly violate of some provision of the organic law which has restrained the legislative power. *Sutton vs. Phillips*, 106 N. C., 502; *White vs. Murray*, at this term.

Nor does Section 23 of the act require that the Board of Aldermen shall pass such ordinance in conjunction with the Board of Health (as defendant contends). It merely provides that the execution of the ordinance, *i. e.*, the vaccination, shall be under the direction of the local board of health or a committee appointed by the aldermen.

While the Legislature has power to authorize municipal bodies to provide compulsory vaccination, and the defendant did not comply with the ordinance enacted by the town of Burlington, in pursuance of such authority, though afforded opportunities to do so, it is true that there may be some conditions of a person's health when it would be unsafe to submit to vaccination, and which, therefore, would be a sufficient excuse for non-compliance, but it does not vitiate the ordinance that such exception is not provided for and specified therein. It is not a defense that a person *bona fide* believes that it will be dangerous for him to be vaccinated or believes that he is already sufficiently protected by former vaccination; nor would the opinion of his personal physician on either point be conclusive (though it would naturally have weight with the jury), for there may be evidence or cir-

circumstances tending to the contrary. Indeed, as to a former vaccination being sufficient protection, the opinion of the official physician supervising the vaccination should be presumptively correct. That which would relieve from a compliance with the ordinance is a matter of defense, the burden of which is upon the defendant, and is a fact to be found by the jury. The special verdict is ambiguous and defective in this particular and is set aside. Let there be a new trial.

Again, the Supreme Court of Pennsylvania has recently decided that a requirement for the compulsory vaccination of school children was legal and constitutional, as the following recites:

The Supreme Court of Pennsylvania has rendered a decision sustaining the policy of compulsory vaccination in that State. The case under consideration was brought by the father of a child who was refused admittance in a city school because he had not been vaccinated. The teacher relied upon a statute enacted in 1895, and also on a rule adopted by the Board of Education requiring vaccination as one condition of admittance to the schools. The lower court gave judgment in favor of the teacher, and the Supreme Court has affirmed the judgment. In the opinion the court says:

"Whether a resolution excluding from the school pupils who have not been vaccinated is a reasonable one to be judged of in its first instance by the School Directors. In the present state of medical knowledge and of convincing opinion of those having charge of the public health, the courts will not say that such a resolution is an abuse of official discretion."

The Philadelphia Ledger, commenting upon the case, says:

"The statute and the rules now existing on the subject of compulsory vaccination were made for the protection of the public. A few persons may not believe in the efficacy of vaccination, and do object to it on other grounds; but they must yield for the common good. The objectors deny that vaccination is for the common good. Others will not, if they can avoid it, submit to quarantining in scarlet fever, yellow fever or diphtheria. These people are, not doubt, perfectly honest in maintaining this position, but the great weight of medical authority is against them, and the courts will uphold the health

authorities and school boards in following the best and most trustworthy guides.

Many have opposed vaccination because the type of disease now prevailing in the South is comparatively mild. This is true enough, yet there were twenty-seven deaths in Florida from this cause, twenty-seven deaths that would have been averted had there been no opposition to vaccination. But listen to Dr. Walter Suiter, chairman of the committee on cause and prevention of infectious diseases of the American Public Health Association: "This apparent decrease in mortality must not be regarded optimistically as experience has always shown that the disease cannot be long continued without assuming its characteristic virulence, however insignificant the death rate may now be." This is well exemplified by the experience of New Orleans. It was very mild there several years ago, but note the attached report; it shows that during the month of March just past they had 11 deaths out of 56 cases! Almost twenty per cent.

OFFICE LOUISIANA STATE BOARD OF HEALTH,
204 CARONDELET STREET.

Statement relating to smallpox in Louisiana.

New Orleans, March 2, to April 1—cases 56; deaths, 11; Number now sick, 36.

Shreveport, March 2 to April 1—cases, 18; Number now sick, 17.

Arcadia, March 2 to April 1—cases, 2.

FARRAR PATTON, M. D.,
Secretary.

Your Committee has ascertained from the records on file in the State Comptroller's office that the State paid \$16,185.39 last year for the direct care of smallpox in Florida. It is also very evident that this disease indirectly caused much more (\$32,300) expense to the State by augmenting many of the items of the State Board of Health. This sum of \$16,185.39 was distributed among the several counties as follows:

Alachua	\$1,010.78
Columbia	120.32
DeSoto	65.50
Duval	3,766.69
Franklin	11.00
Gasden	460.75
Hamilton	34.75

Hillsborough	101.70
Jackson	20.00
Lake	24.85
Leon	274.75
Levy	641.54
Madison	242.72
Manatee	46.05
Marion	1,547.67
Nassau	362.75
Pasco	29.85
Putman	36.01
St. Johns	145.00
Santa Rosa	46.40
Sumter	32.50
Suwannee	72.40
Vaccine virus	3,125.20

Upon inquiry made of the State Board of Health your committee has ascertained that about forty-five thousand people were protected against smallpox by vaccination last year, through "moral persuasion" and other means, when dealing with the negro element. The vaccine virus—thus used and distributed free, cost the State six cents per tube—one tube for each person vaccinated—or about three thousand dollars. We have received and append the following schedule of the distribution of this virus, showing the counties to which it was sent:

The Vaccine Virus distributed in the several Counties of the State during the year 1900:

COUNTIES.	TUBES.
Alachua	7,110
Bradford	100
Brevard	520
Calhoun	30
Citrus	760
Clay	40
Columbia	960
Dade	760
DeSoto	1,400
Duval	5,210
Escambia	1,900
Franklin	1,170
Gadsden	390



Cumberland Sound Quarantine Station.

Hillsborough	101.70
Jackson	20.00
Lake	24.85
Leon	274.75
Levy	641.54
Madison	242.72
Manatee	46.05
Marion	1,547.67
Nassau	362.75
Pasco	29.85
Putnam	36.01
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Franklin	1,170
Gadsden	390



Cumberland Sound Quarantine Station.

Hamilton	990
Hernando	110
Hillsborough	510
Holmes	10
Jackson	180
Jefferson	599
Lafayette	330
Lake	880
Lee	100
Leon	310
Levy	770
Madison	2,960
Manatee	150
Marion	5,230
Monroe	211
Nassau	1,710
Orange	490
Osceola	540
Pasco	590
Polk	710
Putnam	600
St. Johns	820
Santa Rosa	290
Sumter	840
Suwannee	2,160
Volusia	1,660
Walton	480
Washington	180

All of which your Committee respectfully submits for
your information.

Very respectfully,
JOSEPH Y. PORTER.
Chairman of the Committee.

A BILL

TO BE ENTITLED

AN ACT authorizing the Passage of Ordinances by Incorporated Cities and Towns, and the Promulgation of Rules and Regulations by the State Board of Health, to Enforce and Compel the Vaccination and Revaccination of Citizens and Residents of the State of Florida, and Prescribing the Duties of Certain Officials and Persons to that End, and Providing Certain Penalties for Failure, Refusal or Neglect to Comply with the Provisions of the Same.

Be it enacted by the Legislature of the State of Florida:

SECTION 1. The Common Council and Board of Aldermen of every incorporated city or town in this State may provide by ordinance for the vaccination and revaccination with fresh bovine virus, under the direction of the Health Authorities of said cities or towns, or of some competent physician appointed for that purpose, of all the citizens and residents of such cities and towns, excepting such persons as obtain the certificate of a reputable physician that vaccination would be dangerous to health. Such ordinances shall establish the periods of time, satisfactory to the State Board of Health, within which vaccination and revaccination shall be required; shall provide for the vaccination and revaccination of indigent and pauper individuals at the expense of the city or town; and shall establish and provide penalties, by quarantine or otherwise, of such persons as are convicted of neglect or refusal to obey the provisions of such ordinances.

SEC. 2. The State Board of Health shall have general direction and supervision of vaccination and revaccination in all cities and towns, and shall in case of threatened epidemic of smallpox in any such community, and of insufficient ordinances therein, request the passage by the Common Council or Board of Aldermen, of a new ordinance framed in accordance with the provisions of Section 1 of this Act. The State Board of Health shall have full and absolute control in matters of vaccination and revaccination of all persons within this State who do not

reside within the limits or jurisdiction of any incorporated city or town, and shall promulgate rules and regulations which shall have the force and effect of law for vaccination and revaccination of such persons, under the supervision and direction of agents appointed by the said Board, and which shall contain provisions similar to those of Section 1 of this Act applying to ordinances, but such requirements may be modified by the State Board of Health in case of sparsely settled communities, so as to apply only during apprehended danger of an epidemic of smallpox; and the necessary expense of such vaccination or revaccination shall be paid by the County Commissioners of the County within which the persons treated reside, and a bill or certificate of the services performed, endorsed and approved by the State Health Officer, shall be *prima facie* evidence of the existence and value of such services. The State Board of Health shall at all times keep in stock a supply of fresh bovine virus and supply the same to cities, towns and individuals without cost.

SEC 3. If the Aldermen or Councilmen of any incorporated city or town shall neglect or refuse to pass an ordinance in accordance with the provisions of Section 1 of this Act, it shall be the duty of the State Board of Health to promulgate rules and regulations for the vaccination of the citizens and residents of such incorporated city or town, which rules and regulations shall have the force of an ordinance, and the State Board of Health shall have the power, and it is hereby made its duty, to enforce obedience to such rules or regulations by the promulgation and enforcement of proper quarantine regulations whenever the said Board shall deem it necessary for the preservation of the public health from possible danger of a threatened epidemic of smallpox, at the cost and expense of such incorporated city or town. In case such incorporated city or town shall refuse or neglect to reimburse the State Board of Health for all of the costs, charges and expenses incurred under this section, including the cost of any necessary quarantine, then the State Board of Health is hereby empowered to collect the same by suit in any court of the State having jurisdiction, from such incorporated city or town, and a statement of such costs and expenses by the President of the State Board of Health, verified by affidavit of the State Health Officer, shall be *prima facie* evidence of the amount of said costs and expenses.

SEC. 4. No superintendent of any institution of learning, and no school board or principal of any school in this State shall admit as a pupil any child or person who cannot produce satisfactory evidence of having been vaccinated so often as the ordinance of the city or town in which the school is located, or, if not located within a city or town, so often as the rules and regulations of the State Board of Health may direct.

SEC. 5. It is hereby made the duty of every parent, guardian, or other person charged with the care of or responsibility for any child, to see that such child is vaccinated so often as may be directed by ordinance of the incorporated city or town in which such child resides, or if not a resident of an incorporated city or town, so often as the rules and regulations of the State Board of Health may direct.

SEC. 6. No owner, lessor, manager, superintendent or agent, operating any manufactory, phosphate plant, sawmill, turpentine still, store, railroad or other business employing workmen, laborers, or gangs of men, women or children, who work, sleep or eat together, shall employ any man, woman or child, who cannot produce satisfactory evidence of having been vaccinated. And it shall be the duty of such owner, lessor, superintendent, manager or agent to see that such employees are vaccinated so often as the ordinances of the incorporated city or town in which said business is located, or the rules and regulations of the State Board of Health, if such business is not located within any incorporated city or town, may direct.

SEC. 7. An officer or person who shall fail, neglect or refuse to comply with any provision of this Act applicable to such officer or person shall be guilty of a misdemeanor, and upon conviction thereof in a court of competent jurisdiction, shall be fined in a sum not less than \$100 or more than \$1,000, or be imprisoned in the county jail for not less than one nor more than six months.

SEC. 8. That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

SEC. 9. This Act shall take effect immediately upon its passage and approval by the Governor.

CIRCULAR LETTER TO COUNTY COMMISSIONERS.

JACKSONVILLE, FLA., July 11, 1901.

To the Hon. Board of County Commissioners,

..... Florida:

GENTLEMEN—The following attached copy of a letter from His Excellency, the Governor of Florida, indicates that on account of extraordinary expenses connected with the care of smallpox (some three thousand cases) in the State during the past year, the treasury of the Board—more generally known as the State Health Fund—has become exhausted; therefore there is no money at the command of the Board by which cases of smallpox or other epidemic contagious disease can be cared for, managed or controlled directly by the Board (as specified in Section 3, Chapter 4695, Laws of Florida, 1899) at public expense *until* the tax levy authorized by statute is made and collected for this year.

The State Board of Health is obliged to require a more economical administration of State funds used in connection with the care of smallpox than has been obtained during the past year. Over three thousand cases were cared for at an expense to the State of about \$36,000.00. This amount in the aggregate and total may appear large, but considered as per capita, \$12.00 per case must be acknowledged to be an exceedingly low cost for care and attendance upon a loathsome disease, which ordinarily covers a period of sickness from four to six weeks.

The State Board of Health informs you that in accordance with the suggestion of the Governor, it has directed its Executive Officer to suspend the payment of further expenses for the care of smallpox cases, and to say that each county will be expected to pay all expenses of cases arising or existing within its county lines, until the Board is again "in funds." The Board offers, however, to relieve the counties of as much medical attendance in this connection as the regularly appointed officers and agents of the Board may give. Accurate accounts can be kept of the funds expended by the several cities and

counties for this purpose, and the Legislature of 1903 can be asked to reimburse each city and county on a certified statement of the State Board of Health for the amounts which have been expended.

Kindly acknowledge the receipt of this letter.

Very truly yours,

State Health Officer.

THE GOVERNOR'S RECOMMENDATION.

TALLAHASSEE, FLA., June 17, 1901.

Dr. J. Y. Porter, Secretary State Board of Health, Jacksonville, Florida:

DEAR SIR—Kindly call the attention of the State Board of Health, which convenes in special session at Jacksonville to-morrow, June 18th, to the absolute necessity for its radical action in greatly curtailing its expenses.

As you are aware, the State funds available for the use of the State Board of Health have not only been entirely exhausted, but have been largely overdrawn to cover the payment of expenses resulting from the care of smallpox cases during the past year, and the present Legislature made no appropriation for the expenses of the State Board of Health during the interval until the tax levy for 1901 shall become due and payable, which will not be the case for several months.

It thus becomes imperative for the State Board of Health to very materially decrease its expenditures, and there seems to be but one possible retrenchment open for action. The expenses of the Maritime Quarantine Service are largely covered by fees charged for inspection and disinfection. The ordinary expenses of the Board, including the compensation of its officers and agents, are administered as economically as good service will permit. The cost of the care of smallpox cases, I understand, during the past, has been nearly three-fourths of the total expenses of the Board, and it occurs to me that retrenchment must be made in this item of expense, not only as being the largest expense of the Board, but also, because it is an expense which until recently has been met by the several counties in the care of disease occurring within

their respective limits. It is true, that Chapter 4695, of the Acts of 1899, approved May 24th, was unquestionably intended to fix the necessary costs and expenses of the care of contagious and infectious disease as between the city, county and State, and required the State to pay such expenses after the State had assumed care of the same, but I do not read into the law any necessity for the State to assume charge of sporadic or isolated cases, and I suggest that the State Board of Health notify the Mayors of the larger cities and the County Commissioners of the several counties of the State that in the future, certainly until the Board shall be in funds, it will only assume charge of cases of disease and become responsible for attendant expenses only when the State Health Officer "shall determine that such disease is contagious or infectious and a menace to the public health of the citizens of the State." In other words, when such disease threatens to reach beyond the control of the local authorities, and before an epidemic threatens the health of the State at large.

Please assure the State Board of Health that I make these suggestions because I do not see any other adequate solution of the financial difficulties of the situation, and think that very likely the next Legislature will pass some relief measure in behalf of the cities and counties which are put to extraordinary expense by the necessities of the case. Very respectfully,

(Signed)

W. S. JENNINGS, Governor.

A JOINT RESOLUTION

TO AUTHORIZE THE STATE BOARD OF HEALTH OF FLORIDA TO NEGOTIATE WITH THE U. S. GOVERNMENT TO OPERATE THE STATE QUARANTINE STATIONS UNDER CERTAIN CONDITIONS.

Be it Resolved by the Senate and House of Representatives of the Legislature of Florida:

That, The Governor approving, the State Board of Health of Florida is hereby empowered and authorized to enter into negotiations with the U. S. Marine Hospital Service, acting for the U. S. Treasury Department, to sell, lease or operate and keep in repair the State Quarantine Stations, free of any expense to the State of Florida, whenever in the judgment of the State Board of Health it is deemed proper and advantageous to the State of Florida to do so; Provided, That by selling or leasing said Quarantine Stations the State of Florida, by the State Board of Health, does not abrogate or surrender any supervisory and recommendatory control of shipping entering any of the ports of Florida, from ports where contagious or infectious epidemic disease may prevail, and, provided further, the U. S. Marine Hospital Service exercises control and operates said Quarantine Stations by and through the Executive Officer of the State Board of Health, who, to carry out the provisions of this Resolution, and for the purposes set forth herein, shall be invested by the United States with proper authority.

Approved May 17th, 1901.

Resolutions adopted by the State Board of Health of Florida while in called session at Tallahassee, Florida, July 16th, 1901.

RESOLVED, By the State Board of Health of Florida, that it hereby accepts, agrees to and authorizes the sale of Mullet Key Quarantine Station, subject to the concurrence of the Board of Commissioners of State Institutions of Florida.

Resolved Second, That the Board of Commissioners of State Institutions be advised of the action of the Board of Health in the premises, and that the Board of Commissioners of State Institutions be, and are hereby requested, to join in the transfer or conveyance of the title to said plant and property to the Treasury Department, to the end that these negotiations may be completed without delay, and that a copy of these resolutions be furnished to the Board of Commissioners of State Institutions with the earnest request that said Board act favorable thereon as early as possible.

Resolved Further, That the Hon. E. M. Hendry, President State Board of Health, be and is hereby appointed a representative on the part of the State Board of Health to appraise said Quarantine Plant at Mullet Key, with the representative of the United States Treasury Department (U. S. Marine Hospital Service), and to do and perform all necessary acts in accordance herewith, in order to sell and transfer said plant to the Treasury Department on behalf of the State Board of Health of Florida, as herein contemplated; and be it further

Resolved, That upon the completion and execution of bill of sale of Mullet Key Station, that the State Board of Health of Florida accepts and agrees to enter into the following agreement, subject to approval and concurrence of the Board of Commissioners of State Institutions, which is respectfully requested; which agreement is identified as the agreement prepared as of date of May 17th, 1901, and amended July 10th, 1901, which reads as follows:

"Extract of copy of Minutes of meeting of the State Board of Health of Florida, while in called session at Tallahassee, Florida, July 16th, 1901."

True Copy—Attest:

(Seal.)

(Signed) JOSEPH Y. PORTER,
Secretary.

PROPOSED AGREEMENT

BETWEEN THE U. S. TREASURY DEPARTMENT (MARINE HOSPITAL SERVICE) AND THE STATE BOARD OF HEALTH OF FLORIDA.

1. The Treasury Department (Marine Hospital Service) will lease the Quarantine Sterilizing and Inspection Stations belonging to and now operated by the State of Florida, with the exception of the Tampa Bay Quarantine Station (Mullet Key), for three years, at a nominal sum of.....per annum.

2. Immediately thereafter there shall be an appraisement of the value of the property belonging to the State at each Quarantine Station. This appraisement to be made by a representative of the Treasury Department, a representative of the State Board of Health of Florida, and a third person who shall be agreed upon by the State Board of Health and the Treasury Department.

3. The Treasury Department agrees to recommend to Congress appropriations sufficient to pay for said property in accordance with said valuation, and the State Board of Health will transfer the said property to the Treasury Department on receipt of said amounts.

4. Should the Treasury Department (U. S. Marine Hospital Service) control, by lease or otherwise, be discontinued, then the improvements made by the United States Government will be taken by the State and paid for at a valuation to be agreed upon or determined by arbitration.

5. The United States Treasury Department through the United States Marine Hospital Service, will continue, with the approval of the Civil Service Commission, the employment of the Sanitary Inspectors and employees now connected with the stations, unless there be objections to their efficiency or competency.

6. In the event of the acceptance of this agreement, the Treasury Department (United States Marine Hospital Service) will recommend to Congress appropriations for the immediate improvement of the stations, to secure the most expeditious and thorough service at all points.

7. The United States Treasury Department (Marine Hospital Service) will appoint the State Health Officer of Florida a Sanitary Inspector of the Marine Hospital Service, with advisory and recommendatory functions in the management and operation of the Quarantine and Inspection Stations, thus located or transferred, and will furnish, when and as often as may be deemed necessary, transportation for the purpose of inspecting said Stations, and also making inventories and valuation of the various plants, it is proposed to lease or transfer. The traveling expenses of the said Sanitary Inspector, when on Quarantine duty, directed by the Department (Marine Hospital Service) will be paid upon duly rendered vouchers.

8. Congress having made an appropriation for the establishment of a Quarantine Station at Mullet Key, the U. S. Treasury Department will entertain a proposition to pay the State of Florida for the sterilizing plant now at Mullet Key.

WASHINGTON, D. C., May 17, 1901.

Resolutions adopted by the Board of Commissioners of State Institutions while in session at Tallahassee, July 16th, 1901.

RESOLVED, By the Board of Commissioners of State Institutions of Florida, that the request of the State Board of Health relative to the sale and transfer of the property of the State of Florida, at Mullet Key Quarantine Station, to the Treasury Department of the United States, be granted and concurred in, and that the Board cause to be executed good and sufficient bills of sale or conveyance of all said property on Quarantine Station at Mullet Key to the Treasury Department of the United States Government, for and in consideration of the sum named in said conveyance, upon request of the State Board of Health.

Resolved Further, That the Board of Commissioners of State Institutions will concur in contract to lease all other Quarantine Stations upon terms and conditions mentioned and set forth in the foregoing agreement, prepared as of date of May 17th, 1901, as amended as of date July 10th, 1901, and will execute good and sufficient lease or leases, bills of sale or conveyances of all of said prop-

erties or Quarantine Plants, for and in consideration of the sum named in conveyance, upon the request of the State Board of Health.

Attest:

C. H. DICKINSON,

Private Secretary to the Governor, and Secretary to Board of Commissioners of State Institutions.

AGREEMENT.

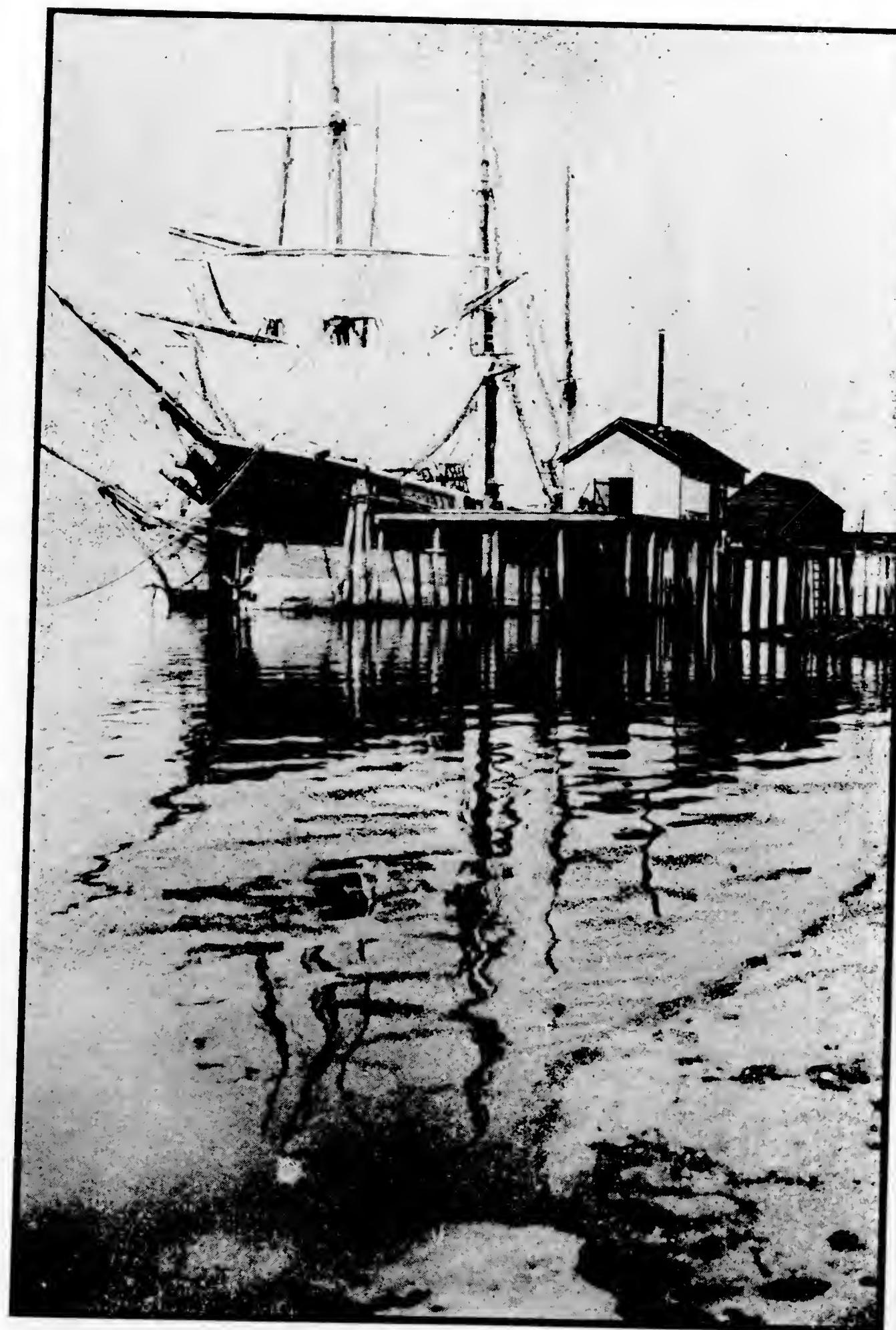
BETWEEN THE U. S. TREASURY DEPARTMENT (MARINE HOSPITAL SERVICE) AND THE STATE BOARD OF HEALTH OF FLORIDA AND THE BOARD OF COMMISSIONERS OF STATE INSTITUTIONS.

1. The Treasury Department (Marine Hospital Service) will lease the Quarantine, Sterilizing and Inspection Stations belonging to and now operated by the State of Florida, with the exception of Tampa Bay Quarantine Station (Mullet Key), for three years, at a nominal sum of one dollar (\$1.00) per annum.

2. Immediately thereafter there shall be an appraisalment of the value of the property belonging to the State at each Quarantine Station, this appraisalment to be made by a representative of the Treasury Department, a representative of the State Board of Health of Florida, and a third person who shall be agreed upon by the State Board of Health and the Treasury Department.

3. The Treasury Department agrees to recommend to Congress appropriations sufficient to pay for said property in accordance with said valuation, and the State Board of Health and the Board of Commissioners of State Institutions will transfer the said property to the Treasury Department on receipt of said amounts.

4. Should the Treasury Department (United States Marine Hospital Service) control, by lease or otherwise, be discontinued, then the improvements made by the United States Government will be taken by the State and paid for at a valuation to be agreed upon or determined by arbitration; provided that reimbursement shall be made only for such additions for improvements as have been agreed upon in writing by the State Board of Health.



Cumberland Sound Quarantine Station.

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C. H. DICKINSON,

Private Secretary to the Governor, and Secretary to Board of Commissioners of State Institutions.

AGREEMENT.

BETWEEN THE U. S. TREASURY DEPARTMENT (MARINE HOSPITAL SERVICE) AND THE STATE BOARD OF HEALTH OF FLORIDA AND THE BOARD OF COMMISSIONERS OF STATE INSTITUTIONS.

1. The Treasury Department (Marine Hospital Service) will lease the Quarantine, Sterilizing and Inspection Stations belonging to and now operated by the State of Florida, with the exception of Tampa Bay Quarantine Station (Mullet Key), for three years, at a nominal sum of one dollar (\$1.00) per annum.

2. Immediately thereafter there shall be an appraisement of the value of the property belonging to the State at each Quarantine Station, this appraisement to be made by a representative of the Treasury Department, a representative of the State Board of Health of Florida, and a third person who shall be agreed upon by the State Board of Health and the Treasury Department.

3. The Treasury Department agrees to recommend to Congress appropriations sufficient to pay for said property in accordance with said valuation, and the State Board of Health and the Board of Commissioners of State Institutions will transfer the said property to the Treasury Department on receipt of said amounts.

4. Should the Treasury Department (United States Marine Hospital Service) control, by lease or otherwise, be discontinued, then the improvements made by the United States Government will be taken by the State and paid for at a valuation to be agreed upon or determined by arbitration; provided that reimbursement shall be made only for such additions for improvements as have been agreed upon in writing by the State Board of Health.



Cumberland Sound Quarantine Station.

5. The United States Treasury Department, through the United States Marine Hospital Service, will continue, with the approval of the Civil Service Commission, the employment of the Sanitary Inspectors and employees now connected with the Stations, unless there be objection to their efficiency or competency.

6. In the event of the acceptance of this agreement, the Treasury Department (United States Marine Hospital Service) will recommend to Congress appropriations for the immediate improvement of the Stations, to secure the most expeditious and thorough service at all points.

7. The United States Treasury Department (Marine Hospital Service) will appoint the State Health Officer of Florida a Sanitary Inspector of the Marine Hospital Service, with advisory and recommendatory functions in the management and operation of the Quarantine and Inspection Stations, thus leased or transferred, and will furnish, when and so often as may be deemed necessary, transportation for the purpose of inspecting said Stations, and also making inventories and valuations of the various plants it is proposed to lease or transfer. The traveling expenses of said Sanitary Inspector, when on quarantine duty, directed by the Department (Marine Hospital Service), will be paid upon duly rendered vouchers.

8. Congress having made an appropriation for the establishment of a Quarantine Station at Mullet Key, the United States Treasury Department will entertain a proposition to pay the State of Florida for the Quarantine plant now at Mullet Key.

Washington, D. C., 1901.

Accepted July 20th, 1901:

L. J. GAGE, Secretary of the Treasury.

Accepted July 26th, 1901:

W. S. JENNINGS, Governor and Pres. of Board.

WM. H. REYNOLDS, Comptroller.

J. B. WHITFIELD, State Treasurer.

W. B. LAMAR, Attorney General.

B. E. McLIN, Commissioner of Agriculture.

Board of Commissioners of State Institutions.

Attest:

C. H. DICKINSON, Secretary of the Board.

Accepted:

E. M. HENDRY, Pres. State Board of Health of Fla.

Attest:

J. Y. PORTER, Secretary.

(Seal.)

Copy of Resolutions adopted by the State Board of Health while in second session of called meeting of the Board, held in Tallahassee, Florida, July 26th, 1901.

Resolved, That the President and Secretary of the Board be authorized to execute on behalf of the Board, and in connection with the Board of Commissioners of State Institutions, such contracts, bills-of-sale and other papers as may be necessary to carry into effect the agreement entered into with the Treasury Department for the sale of the Mullet Key Station and the lease of the other Quarantine Stations of the State.

Resolved, Also, that the President of the Board be and is hereby authorized to designate and appoint a proper person, or persons, to act as an appraiser or appraisers with the appraiser selected by the Treasury Department, to determine the value of the Quarantine Stations and Plants in this State which are to be leased to the U. S. Government.

True Copy—Attest:

(Seal.)

JOSEPH Y. PORTER,
Secretary.

THIS INDENTURE, made in duplicate this first day of August, 1901, by and between the State Board of Health of Florida, and the Board of Commissioners of State Institutions of Florida, hereinafter called the lessors, and the Treasury Department (Marine Hospital Service) of the United States, hereinafter called the lessee.

WITNESSETH: That in consideration of the rent and covenants herein reserved and contained on the part of the lessee to be paid and performed, the lessors do hereby demise and lease unto the lessee, the Sterilizing Plants and Inspection Stations now in possession of and operated by the State Board of Health for and in behalf of the State of Florida, together with all their machinery, apparatus and equipment more particularly described as follows:

Those certain Inspection Stations located at Apalachicola, Boca Grande (Charlotte Harbor), Carrabelle, Cedar Keys, Mayport, and Punta Rassa, Florida, and the Inspection Stations and Sterilizing Plants at Fernandina, Key West, Miami, and Santa Rosa Sound (Pensacola), Florida. A schedule of the property hereby demised, together with the appraised value thereof, is hereto attached and made a part hereof.

TO HAVE AND TO HOLD the said Inspection Stations and Sterilizing Plants, with their appurtenances hereby demised, unto the said lessee for the term of three years from the first day of August, 1901, the said lessee yielding and paying therefor the annual rent of \$1.00 during the said term.

THE LESSORS covenant and agree with the lessee that upon the conclusion of the term of this lease, or its prior termination by the abandonment or termination of the operations of said Stations and Plants, by the lessee, the State of Florida will pay for the improvements placed upon the said property, with the written agreement of the State Board of Health of Florida, at a valuation to be determined by arbitration; that an appraisement shall be made of the value of the property at the several Stations and Plants hereinbefore specified, by the representative of the State Board of Health of Florida, acting with the representative of the said Treasury Department and a third person to be agreed upon by the said State Board of Health and the Treasury Department, within 60 days from the date of these presents, and that in the event the Congress of the United States shall appropriate sufficient funds to pay for the said property described at such appraisement and valuation, the lessors will transfer the said property to the lessee by proper bills of sale, or other conveyances, upon the receipt of the aggregate amount so appraised and determined.

THE LESSEE covenants and agrees to with the lessors and their successors in office, to operate and maintain said Inspection Stations and Plants carefully and efficiently for the protection of the health of the State of Florida and of the United States during the entire term of this lease, and to expend any funds obtained by the action of the Congress of the United States for the

immediate improvement of said Stations to secure the most expeditious and thorough service at all points; that the lessee will immediately appoint a representative to act with representative appointed by the State Board of Health of Florida, and will agree with the State Board of Health upon the appointment of a third person, who shall appraise and value the said Inspection Stations and Sterilizing Plants above described; that upon the conclusion of the term of this lease said lessee will peaceably yield up to the lessors, or their successors in office, the said premises and all the improvements made thereon in good repair, order and condition in all respects, upon the payment of the value of said permanent improvements placed thereon by the consent and upon the written agreement of the State Board of Health.

IT IS UNDERSTOOD AND AGREED by and between the parties hereto that the appraisal above mentioned to be made by the representatives of the State Board of Health and the Treasury Department and a third person selected by the said representative shall be and become a part of this lease and shall establish the valuation of the property hereinbefore described.

IT IS FURTHER UNDERSTOOD AND AGREED that the agreement heretofore made by and between the lessors and lessee herein, which said agreement was accepted July 20th, 1901, by the Hon. Secretary of the Treasury, and on the 16th day of July, 1901, by and between the Board of Commissioners of State Institutions of Florida, and the State Board of Health of Florida, and shall be considered a part of this lease, and the provisions therein contained shall be binding upon the parties hereto.

IN WITNESS WHEREOF, these presents have been signed by the President of the State Board of Health of Florida, attested by its Secretary, and the seal of the State Board hereto attached, and the concurrence and acceptance of the Board of Commissioners of State Institutions of Florida has been evidenced by the signature of the several members of the said Board, and these presents have been attested by the Secretary of the Treasury of

the United States of America, and evidenced by his signature hereto.

.....
Secretary of the Treasury United States.

Board of
Commissioners
of State
Institutions.

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Attest:

.....
Secretary of the Board.

.....
President State Board of Health of Florida.

Attest:

.....
Secretary of State Board of Health of Florida.

TO ALL WHOM IT MAY CONCERN:

WHEREAS, An agreement has been heretofore entered into between the UNITED STATES TREASURY DEPARTMENT (Marine Hospital Service) and the BOARD OF COMMISSIONERS OF STATE INSTITUTIONS OF FLORIDA, and the STATE BOARD OF HEALTH OF FLORIDA, for the sale of the Tampa Bay Quarantine Station and the lease of the other Quarantine and Inspection Stations belonging to the State of Florida for the term of three years, and

WHEREAS, Surgeon-General Walter Wyman, of the UNITED STATES MARINE HOSPITAL SERVICE, has notified the STATE BOARD OF HEALTH that he is willing to assume the management and control of these Stations on the first day of August, 1901,

Now, Therefore, Notice is hereby given that the transfer of the said Stations will be made by the STATE BOARD OF HEALTH to the UNITED STATES MARINE HOSPITAL SERVICE on the 1st day of August, 1901, as under said agreement all employees of the STATE BOARD OF HEALTH located at the several Quarantine and Inspection Stations of the State of Florida, except the Station at Tampa Bay, will be retained in the employment of the UNITED STATES MARINE HOSPITAL SERVICE, all of said employees will report after the said date to Surgeon-General Walter Wyman.

By direction of the President of the STATE BOARD OF HEALTH OF FLORIDA.

.....
State Health Officer and Secretary of the Board.

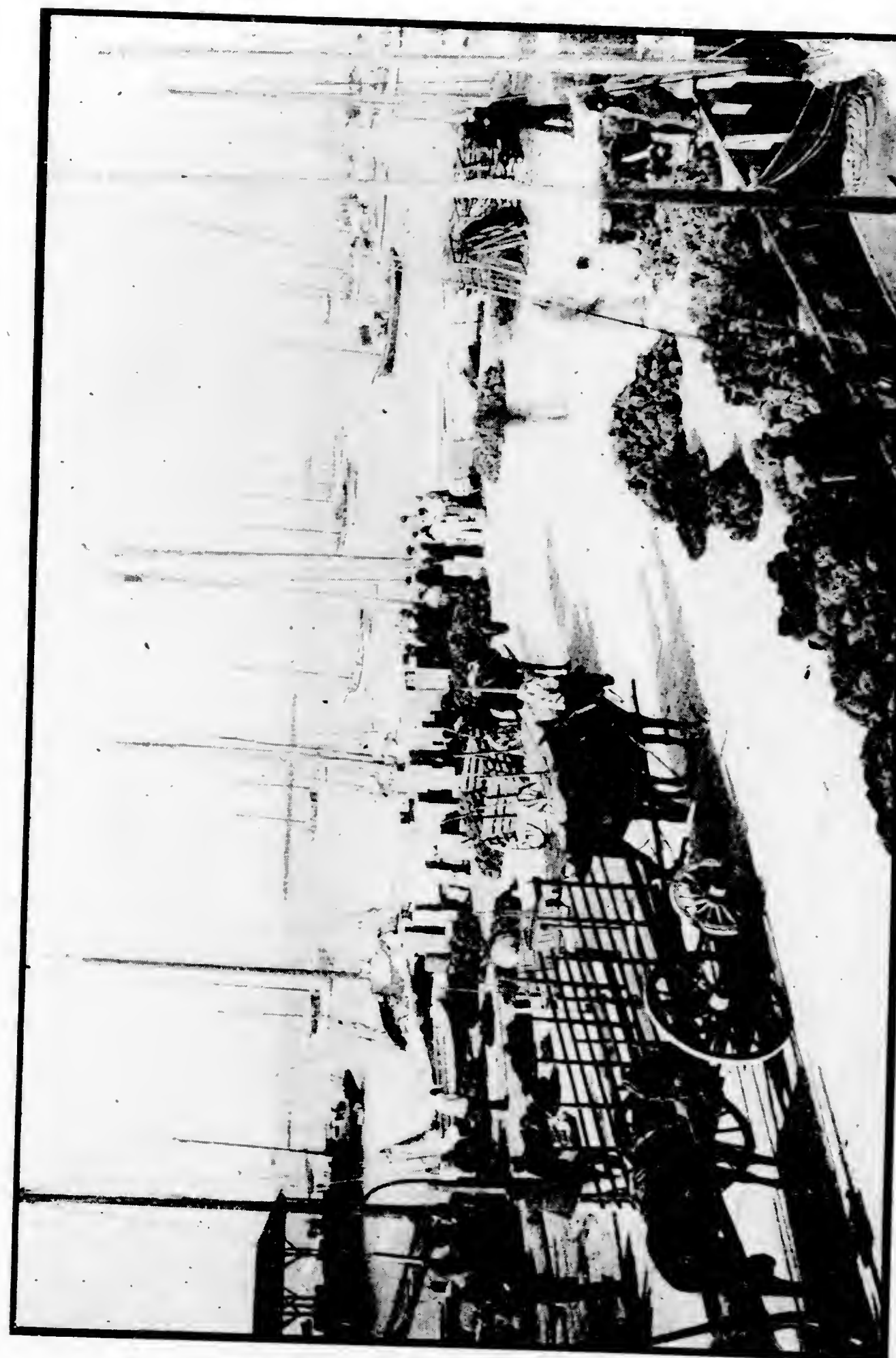


Sponge Wharf, Key West, Fla.

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By direction of the President of the STATE BOARD OF HEALTH OF FLORIDA.

.....
State Health Officer and Secretary of the Board.



Sponge Wharf, Key West, Fla.

MEMORIAL TO LEGISLATURE AND TO CONGRESS
TO RESTORE THE TORTUGAS GROUP OF
ISLANDS TO THE MARINE-HOSPITAL SER-
VICE FOR QUARANTINE PURPOSES,
WITH LITERATURE.

A Memorial to the Congress of the United States, requesting that the Tortugas Group of Islands be restored to the Treasury Department of the United States to be used for Quarantine purposes of the Government.

WHEREAS, The Tortugas Group of Islands have been used by the Treasury Department of the United States for many years for quarantine purposes and are by their location peculiarly adapted to protect the Gulf States and particularly Florida, and

WHEREAS, Congress has authorized the surrender of these Islands to the Navy Department and has provided for the abandonment of the Quarantine Station located thereon and its removal to Mullet Key on Tampa Bay, which is already by license of the United States utilized as a State Quarantine Station, that amply protects the commerce of Tampa Bay, and

WHEREAS, The contemplated use of Mullet Key by the United States as a general refuge station for treatment of vessels with contagious and infectious diseases in connection with the proposed quarantine station, threatens the health of the people of Florida because of the nearness of Mullet Key to thickly settled localities on Tampa Bay, and to the Military Post on Mullet Key:

Be it Resolved by the Legislature of the State of Florida:

That the Senators and Representatives of the State of Florida in the Congress of the United States be and they are hereby earnestly requested to protest against the abandonment of the Tortugas Group of Islands by the Government of the United States, as a General Refuge Station, and the establishment of such Refuge Station on Mullet Key.

[Extract from the Twelfth Annual Report of the State Health Officer to the State Board of Health of Florida for the year 1900-01.]

THE ABSORPTION OF THE "TORTUGAS GROUP OF ISLANDS" BY THE NAVY DEPARTMENT AS A COALING STATION WITH A CONSEQUENT CALAMITOUS LOSS TO THE GULF STATES AS A REFUGE QUARANTINE STATION.—Is a subject so intimately connected with the question of an efficient co-operative quarantine service on the part of the Federal Government, in preventing epidemic contagious disease introduction to the State of Florida—and for that matter, to the entire Gulf ports—that a more than passing reference is called for, and the earnest consideration by the Board of this important matter is requested at this time, with a view of inviting attention of the State Legislature, soon to be convened, and through that body, of the Congressional Delegation of Florida in the National Legislature at Washington.

On the 1st of December this office was informed that the United States Quarantine at Tortugas was temporarily closed; this information caused no alarm and needed no especial comment because quarantine work is rarely performed in the winter season and owing to the satisfactory precautions that were being taken at the several ports of Cuba, Florida was not liable to incur any increased risk from the temporary closure of that very important infection sentinel.

It has been discovered, however, that it is the intention of the Navy Department to use Tortugas as a Naval coal station and to permanently prevent the use of the group of Keys as a Quarantine Station, and also, that the Treasury Department is seeking another location at which to establish a Station for the treatment of infected vessels. These developments give rise to much concern as to the welfare of the State and compels this office to enter into some details in regard to Tortugas as a suitable place for a "Refuge Quarantine" and the actual necessity of an outlying and safe location for one.

The State Health Officer has had some knowledge of the Florida Keys and waters since his childhood, and served as an Army Medical Officer at Tortugas for several years between 1870 and 1878, and considers that the knowledge and experience, gained in a fairly long life warrants him in presenting some facts in

relation to Tortugas as a Quarantine Station and *per contra* as a Military stronghold, which would have a forcible bearing on the general Government, should also hopefully call a halt on the proposition of the Navy, and leave a chance for safety from panic and pest to the State, and an opportunity for prompt relief to helpless, pest-stricken seamen.

The effects of panic resulting from proximity to quarantinable diseases are well known; the consequence of those diseases are a bitter remembrance to those who survive.

The sailor at sea must not be forgotten; the man who does the round world's work as honestly as the shore man does not, is entitled to as prompt and efficient aid, comfort and protection as the people can give him without imminent risk to themselves. It is the duty of Public Officials to shelter the innocent, but no less to arrange for prompt and decent care for those who unknowingly may be disease carriers.

The group of small islands known as "Tortugas" is situated 64 miles due west from Key West; on one of the inner Keys, a large Fort (Fort Jefferson) was built between 1853 and 1870 at a cost of \$15,000,000 exclusive of salaries of Army Officers and Soldiers.

Various difficulties in maintaining the Post, including too frequent occurrences of Yellow Fever, caused its partial abandonment in 1874 and total abandonment as a Military Post in 1878. Many well informed Military men protested against the location as a military aid; in due time the army forsook it for points of vantage. Several attempts were made in Army circles to reclaim or revamp or regarrison Fort Jefferson between 1878 and 1888, but the voiced experience of the skilled men who had lived at Tortugas prevented the rehabilitation.

In 1887-8 Florida suffered from the effects of Yellow Fever as perhaps no State has ever suffered, and one of the results of that long continued calamity was the establishment of the State Board of Health. Your Executive had been compelled by profession and environment to study the question of contagious and infectious diseases, their prevention, restriction and treatment, and through his experience in the Army at Tortugas and Key West and as Health Officer of Key West and when consulted by the late Dr. Hamilton, the distinguished head of the Marine Hospital Service, at that time, he warmly ad-

vocated the use of the *useless military* Tortugas as a *beneficent Quarantine Station*, and the site was chosen.

The use of Tortugas (or Fort Jefferson) was transferred to the Treasury Department for purpose of quarantine in 1888 by an act of Congress, and in December of that year Surgeon Murray of the Marine Hospital Service (widely known by many and much beloved by all Floridians) assumed charge of the place and began preparations for the treatment of vessels and the care of the sick. In April 1889, a line steamer called at Key West with a case of Smallpox. The vessel was sent to Tortugas where the man was properly cared for and the vessel was permitted to go on her voyage to New York at a minimum of expense to owners and time to passengers. Those who are intimate with vessels, and the ancient dread of Smallpox, may from this initial incident get some idea of the importance of a non-infectable quarantine Station within easy reach of such an important ports as Key West.

It is shown by the records which this officer has been permitted to see that the Tortugas Quarantine Station cared for Yellow Fever vessels in 1890, 1891, 1892, 1893, 1894, 1895 and 1899, all bound for Florida ports or near-by Gulf Coast ports.

In 1895 a vessel with Smallpox was put in a safe condition before she was allowed to go to Pensacola. In 1899 the Station was used as a very needful Detention Camp in the interest of Key West non-immune people who could go anywhere from the said Detention Camp but nowhere from Key West.

Those instances are cited to impress the point that the Tortugas Quarantine Station is a necessary co-operative adjunct to the well recognized sanitary system of the State, and that the State has been benefited directly and indirectly through its establishment. It must be noted that Mobile, Pascagoula and Bay St. Louis are not far from Florida and that disease and panic occurring in one State or town, affects other States and towns in ratio of proximity; but affects even at long distances in too many instances. One infected vessel entering New Orleans in 1878 gave Yellow Fever and desolation to the Mississippi Valley from Port Eads to Gallipolis, Ohio, and Chattanooga, Tenn. One infected vessel entering Savannah in 1876 and another entering Brunswick the same year caused sorrow and loss.

One infected vessel entering Brunswick in 1893 caused an epidemic. One infected vessel, by entering Pascagoula caused the death by Yellow Fever of many good Mississippians and one man who would have been an honor to this State. It only requires one patient from one infected vessel to form a focus from which an epidemic may arise.

It is easily inferable that vessels with quarantinable disease on board should not be harbored near the coast line of Florida if it is possible to have them attended to at a safe distance.

The reasons for the original advocacy of Tortugas as a maritime sanitary station were that the distance was a safe one; there were no residents to be imperilled and the stricken crews could be decently and properly cared for. Key West Customs District owns and controls over 270 vessels; regular liners make over 550 calls every year and many other port demands are made by transient vessels. The figures for Tampa and St. Marks will equal those of Key West and in risks from infection Pensacola will exceed them. The long coast line of Florida demands more protection than the State should be compelled to provide.

It is proper to quote from a very complete description of the Station made in 1895 by Surgeon Murray, viz:

The relation of the position of this Station to Habana, south side of Cuba, Colon and Vera Cruz, gives best attainable chances for vessels to get relief, if infected, and there is no reason why vessels of any nation should not stop here, even if bound for other than the United States ports. There is no other location so well suited for an international quarantine against Yellow Fever, and without orders to the contrary the courtesies of the Station will be given to vessels under any flag. If the Inter-Gulf or Pacific canals, or either of them, are ever completed, the importance of this quarantine will be increased.

In addition to the above argument it must be realized that the occupancy of Cuba by the United States has not freed that island from Yellow Fever, and that during the past ten years the disease has been made practically endemic in most of the regions lying between Tampico and the mouth of the Orinoco, and that if Cuba is ever rid of the pest the people of the Gulf States will be yet endan-

gered from Mexico, Central America and the North shores of South America for the next twenty years.

In considering an alternate location for a quarantine station it is easy for persons who do not know Florida waters to say that satisfactory places should be easily found. Unfortunately there is no other suitable place between Miami and the mouth of the Mississippi River. The experience of the past proves that it is not safe to try to treat infected vessels near the mainland.

The impression is held that disease was introduced into Pensacola in 1875 and 1882 by persons visiting vessels at night. It may be an axiom of quarantine management to say that a good stretch of water is a better protection than a deck guardman or a patrol boat can ever be. There must be sufficient land to secure against storms and hurricanes for the shore crew and ample harbor with water to float the ordinary tramp steamer, say from twenty to twenty-five feet. Tortugas offers about every needed item, and is worthless for any other purpose.

It appears that during the excitement and money wasting period of the war with Spain, the Navy gained a foothold at Tortugas by extraordinary lauding of its advantages at a strategic point.

It does not appear that those who laid the plans ever had much experience in actual war or had ever been stationed at the wonderful place. The scheme was invented in study rooms and worked out on paper. The Navy has, during the past two and a half years, erected coal sheds, constructed a distilling plant and laid a cable to Key West. Costly and ultimately useless dredging has been done, and it is understood that plans for guarding the coal and water are made which will cost many millions of dollars. The naval plans for Tortugas cannot help the country, but on the contrary make but another pest menace, besides increasing the risks to the ports of the Gulf coast, which will be compelled to receive infected vessels that should be treated at Tortugas. The Navy can store coal and make drinking water by distillation at Key West and have them protected by naval vessels or army fortifications. It is silly, illogical and wasteful to propose to store anything valuable at Tortugas.

Things stored at Tortugas will in case of war be on call to an enemy almost as freely as to a United States

vessel. If it is proper to fortify, it is proper to make places impregnable; Key West might be made comparatively safe.

Under naval control, Tortugas will never be other than a prison in peace and a nuisance in war, except that in peace and war if it has a garrison it will be another point from which to fear Yellow Fever.

The changes of the purposes from beneficence to waste will be a serious calamity to Florida, to the Gulf and South Atlantic States, to the shipping interests and, on occasion, to the Navy; for all vessels will not be able when disease threatens to rush for Boston or Portsmouth at the expense of the public.

The whole question should be openly and carefully considered in the light of past experience and not in Department Bureaus and Committee rooms. It is believed that Congress has not been fully informed of the intentions, plans and methods of the Navy; and it is well known that the Health authorities of Florida or the adjacent Gulf States have been in no instance or manner consulted. Those who advocate the change have had no experience in the prevention of entrance of foreign diseases and have little sympathy with or appreciation of the horrors of disease when introduced, and thus are unfitted to decide on subjects which cannot interest them, for when fever threatens they escape "under orders" to the more enjoyable Northern ports.

It is earnestly suggested that a resolution condemning the transfer of Tortugas from the Treasury to the Navy be passed by the next Legislature, and that the State delegation in Congress be asked to use their influence toward having the quarantine features restored without fear of future upsetting, and that sufficient funds be provided to complete the plans to satisfactorily outfit the Station.

The attention of Health authorities of adjacent States is called to the matter and their aid invoked. This is not a small affair that affects a single port or State, but a large one, in which a large section of the Union has vital interest.

There is yet time, if proper steps are taken, to prevent the accomplishment of a huge injustice to the South and to commence.

The sums spent at Tortugas by the Navy (now over a half million dollars) have been wasted and vastly more

will follow. It will be preferable to strike off the sums already spent than to jeopardize the health, comfort and prosperity of the people, and perhaps permit losses that will in a few months utterly minimize the cost of the so-called improvements.

ANENT TORTUGAS.

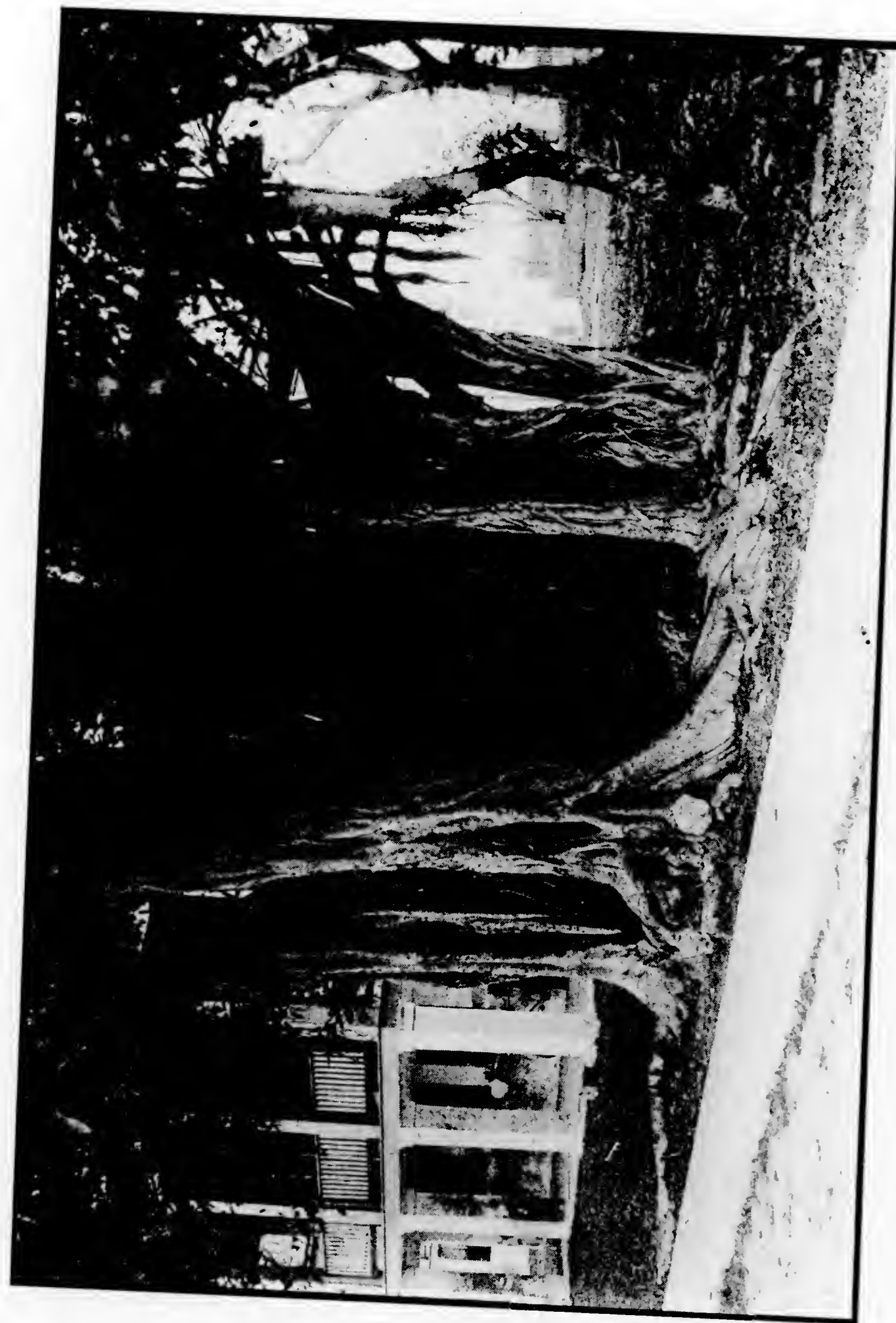
(From the Key West Inter-Ocean of February 14, 1901.)

In the following letter Dr. Murray presents his views on Dr. Porter's report as published in yesterday's issue. A discussion of this matter by Dr. Porter and Dr. Murray leaves no room for comment, these two gentlemen are rich in experience in the handling of epidemics, their causes and effects. Hence we submit Dr. Murray's letter as views coming from an experience of years:

EDITOR Key West Inter-Ocean:

I beg the privilege of congratulating you on the evidence of your public spirit as shown by your publication of State Health Officer Porter's brochure on Tortugas in to-day's issue. Incidentally, I thank you for your compliment to me, which, by the way, in so far as Tortugas as a Quarantine is concerned, I deserve, whatever failing may be charged against me on other lines. But I do not wish to be written down as an opponent of the Navy, and feel sure that Dr. Porter has a deep regard for that service, and is desirous that it be put in the best condition and kept in a working mood.

Dr. Porter's experience and wishes for the future of this town and our State should give pause to some chimerical thinkers. We have suffered with yellow fever, and the Gulf Coast has tales of horror to tell that put foreign wars in the light of junketing parties. A soldier shot in battle does not send unmixed grief home—there is an element of valor, duty done and glory in the case that tempers the heart agonies of the wife and mother, and in due time the father and children get proud. I know that this idea is a correct one. But a death from yellow fever is followed by nothing but grief, sorrow and dread—and frequently causes changes of residence, breaking up homes, loss of property, practical expatria-



Giant Banyan Tree, Key West.

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Giant Banyan Tree, Key West.

tion and a pandora box of things that ought to be, but must not be done.

I have suffered much in consequence of the occurrence, here and there, of yellow fever, and beg no man's pardon for my desire to have the disease kept out of my country, and if possible abolished from the "nomenclature of diseases." My war experience was a holiday compared to my anti-pest duties and privations, and I know others who share my feelings in this matter.

Dr. Porter deserves much credit for his outlook for the future, and I regret that he did not go farther into details as to making Key West "impregnable." For instance the money spent by the Navy at Tortugas would have cleared this harbor of some wrecks and a butcher pen, finished the Northwest channel jetties, erected coal sheds on Fleming Key, reclaimed land from the sea, and put an impetus to the impregnability of Key West, which would have permitted the *Times-Union* in its issue of February 8th to definitely mention this island and harbor as the properest place "For a Naval Base on the Florida Coast." The editorial is a good one and the need is great, and this place is the only available one; if not available now, it can be made so.

By the way, as a Naval base, Tortugas can be quickly isolated and starved. It has been my opinion for years that this island (Key West), under a siege, could always procure provisions and needful supplies. My acquaintance with shallow water and vessels suited to such water began several years ago.

I beg pardon for hinting that if the Tortugas is used as a quarantine the harbors will be "Refuge Stations" in all weathers, and for all pests. While in command of it, I helped crews in distress and saved some lives from shipwreck.

Dr. Porter has called attention to the most important health and life matter that can be mentioned in so far as the Gulf and its coast is concerned, and by that act has given great aid to the Navy, and his article cannot be considered other than *PRO BONO PUBLICO*.

Yours sincerely,

R. D. MURRAY.

[*Editorial from the Times-Union and Citizen, Jacksonville, Fla., of Feb. 19, 1901.*]

A WORD TO THE SECRETARY.

The head of our Navy is now in the State, and we would respectfully ask Mr. Long to pay special attention to some matters Floridian that pertain peculiarly to those responsibilities that have devolved upon him for four years, and may rest on his shoulders for another term. He is a man of broad sympathies, if his preference be strong—there is no reason to fear that he is too narrow to see where Southern interests become of importance to the nation—we have no doubt that he would gladly serve the South when he can do so without injury to that which lies nearer his heart. Moreover, he will meet many lovers of Florida, and Pensacola hospitality is well known for its effect upon all that is best in the make-up of mortal man—we hope much from the treatment Mr. Secretary will receive on his visit.

Therefore, we would join our friends of the west in presenting the claims of a Floridian port scarcely second in beauty to that of Naples—second to none on earth in the possibilities of the future—it is the duty of every patriotic American to do his utmost that Pensacola may be prepared to handle her part of that world-wide trade which will flow through the Nicaragua Canal when Asia offers all she has in exchange for our steel products, our coal and iron.

Come South, Mr. Secretary, and see in your mind's eye a dozen little ports that need only a little help to fit them for playing a part in that reciprocal trade with our neighbors Mr. Blaine prophesied would be a great stone in the foundation of the merchant marine you bid us expect—why should not Apalachicola get a share in the distribution of the fruit of Central America, and send American products to those who long for the same? The harvest of our Gulf fisheries cannot be fully garnered till a great industry flourishes at the mouth of a river offering a highway to a rich country and enterprising population.

Proceed on your journey, Mr. Secretary: something has been done for Tampa—see how she pulses with life under the kindness; remember, there may come a time when your fleet would be glad of a friendly port just

opposite the mouth of the canal. Even American sailors might find a fleet too strong for them—storm sometimes drives the brave to port—give them Tampa as a base.

You know, Mr. Secretary, what Florida has done with that use of the Tortugas afforded her—do you think the navy can do so much better, or the need of your department is so pressing to warrant you in ejecting Dr. Murray from that point of vantage? *Let it abide, Mr. Secretary, our first bulwark against tropical diseases—a necessary one for both navy and our growing merchant marine.*

You have found the need of Key West—do not forget her or her interest.

Coming around, Mr. Secretary, to the Atlantic shore, we beg you to stop at Miami. The Government has done nothing for her, and private means have done much—every argument that has appealed to you and to Congress in the case of Tampa speaks to you for Miami, with the additional one that a port here would be welcome to the ships on a crowded highway most dangerous of all in America. Deep water at Miami would lighten insurance immediately—when the canal is opened its need will be redoubled. Run down the east coast and see what a magnificent trunk line might be utilized to succor or defend a fleet lying near in close proximity to our most accessible waters.

Come on, Mr. Secretary, and see how Jacksonville has been helped—see how water on our bar is building another city on the seaside. Fernandina and St. Marys complete a journey of 1,500 miles of seacoast—all Floridian, all waiting to join you in building up a merchant marine and a world-wide trade to glorify our future. Do not forget us, Mr. Secretary—Pensacola is a fair representative of Florida—judge us by her.

RESOLUTION PASSED BY THE STATE BOARD OF HEALTH OF FLORIDA.

To the Honorable President of the Senate:

WHEREAS, The Tortugas group of islands have been used by the Treasury Department of the United States for many years for quarantine purposes, and are by their location peculiarly adapted to protect the health of the Gulf States and particularly of Florida; and

WHEREAS, Congress has authorized the surrender of these islands to the Navy Department, and has provided for the abandonment of the quarantine station located thereon and its removal to Mullet Key, or Tampa Bay, which is already by license of the United States utilized as a State quarantine, that amply protects the commerce of Tampa Bay; and

WHEREAS, The contemplated use of Mullet Key by the United States as a general refuge station for the treatment of vessels with contagious and infectious diseases, in connection with the proposed quarantine station, threatens the health of the people of Florida, because of the nearness of Mullet Key to thickly settled localities on Tampa Bay, and to the military post on Mullet Key; be it

Resolved by the State Board of Health, now in session, That the Senators and Representatives of the State of Florida, in Legislature soon to be assembled, be earnestly requested, by resolution or memorial to Congress, to protest against the abandonment of the Tortugas group of islands as a Government quarantine station, the establishment of a quarantine station on Mullet Key; the consequent termination of the license of the United States for the use of Mullet Key by the Florida quarantine station, and the contemplated use of such site for quarantine hospital purposes at that point.

WM. B. HENDERSON, President.
JOS. Y. PORTER, M. D., Secretary.

(Editorial Florida Times-Union and Citizen, Feb, 21, 1901.)

FOR COALS OR QUARANTINE?

The twelfth annual report of our State Health Officer discusses a question that has arisen with the national Government well deserving careful thought and such action as Florida legislators may judge best. This State has occupied the most dangerous situation in the war waged by the nation, in whole and in part, against infection from tropical ports—does the highest good of the whole permit any weakening in the line of defense or the force now occupying the trenches? Should not much be sacrificed, if necessary, to preserve intact the ground won at so much cost, toil and expense? Should strategic positions in this war be lightly surrendered to other uses and purposes? We believe not, and we think the sound judgment of the people will sustain the opinion.

One of the advance posts was gained when the War Department surrendered the Tortugas to the Treasury Department for a quarantine station. Common consent has declared that a better selection could not have been made, and the reasons are thus stated by Surgeon Murray, one of the highest authorities on the subject:

The relation of position of this station to Havana, south side of Cuba, Colon and Vera Cruz, gives best attainable chances for vessels to get relief, if infected, and there is no reason why vessels of any nation should not stop here, even if bound for other than the United States ports. There is no other location so well suited for an international quarantine against Yellow Fever, and without orders to the contrary the courtesies of the station will be given to vessels under any flag. If the Inter-Gulf or Pacific canals, or either of them are ever completed, the importance of this quarantine will be increased.

Now, it is proposed to reclaim the site for a naval and coaling station. Why? The islands are only sixty-four miles from Key West, and a ship in need could find

safer quarters and better accommodations at the Island City, but the quarantine station could not be so placed. In case of war all supplies at the Tortugas would be open to appropriation, because both garrison and ships would prove useless as protectors from a serious danger—either or both would only invite attack, while a long stay is always dangerous.

A quarantine station in this neighborhood is made more than ever necessary by our occupation of Cuba—experience has already demonstrated the unsuitableness of the Tortugas for a military or naval station, the costly fortifications could not resist modern artillery for a moment, and the roadway is unsafe. We have spent fifteen millions for structures on the island which are useless for naval purposes in time of war—in peace more convenient points are at the disposal of the Government.

The property belongs to the War Department, which can legally reclaim it at pleasure, but are not the people as a whole better served by the location of a quarantine than coaling station here? We trust the Florida Legislature will send in a strong protest against the conversion that seems to be contemplated.

(Editorial from the Key West Inter-Ocean, Key West, Fla., of Feb. 25, 1901.)

NAVAL OR QUARANTINE STATION?

The *Times-Union and Citizen* of the 21st inst., in discussing Dr. Porter's twelfth annual report, has this to say, after quoting Dr. Murray's opinion on the necessity of a quarantine station at Tortugas:

"Now, it is proposed to reclaim the site for a naval and coaling station. Why? The islands are only sixty-four miles from Key West, and a ship in need could find safer quarters and better accommodations at the Island City, but the quarantine station could not be so placed. In case of war, all supplies at Tortugas would be open to appropriation, because a garrison and ships would

prove useless as protectors from a serious danger—either or both would only invite attack, while a long stay is always dangerous.

"A quarantine station in this neighborhood is made more than ever necessary by our occupation of Cuba—experience has already demonstrated the unsuitableness of the Tortugas for a military or naval station, the costly fortifications could not resist modern artillery for a moment, and the roadway is unsafe. We have spent fifteen millions for structures on the island which are useless for naval purposes—in peace more convenient points are at the disposal of the Government.

"The property belongs to the War Department, which can legally reclaim it at pleasure, but are not the people as a whole better served by the location of a quarantine than coaling station here? We trust the Florida Legislature will send in a strong protest against the conversion that seems to be contemplated."

As is stated above, the Government has spent fifteen millions for improvements for fortifications on Tortugas. What would all this avail in case of war? The immense coal sheds placed there would be at the disposal of the enemy, unless a fleet of battleships was left to guard them.

Less than one-third of this amount would make Key West impregnable to any force, and at the same time a refuge from the elements as well as the enemy. With a little dredging several hundred ships drawing thirty feet of water can ride out the severest storm in a harbor enclosed by land and reefs. The channels leading into the harbor are narrow enough to be guarded by a few powerful submarine mines which would keep a ship at least eight or ten miles at sea. At the same time they would permit our vessels to pass through the harbor from the Atlantic to the Gulf of Mexico and *vice versa*, without making the hazardous trip around Tortugas.

Any ordinary citizen can see that Key West is the best place available for an impregnable naval station, while Tortugas is the only available point from which infectious diseases from Southern countries can be combated.

(From the Key West Inter-Ocean of Feb. 18, 1901.)

As an instance of some of the matters which were to be discussed, we publish below two letters, one from Senator Taliaferro to Secretary Long and the Secretary's reply:

UNITED STATES SENATE,
WASHINGTON, D. C., Feb. 12, 1901.

*Mr. George S. Waite, Merchants' Protective Association,
Key West, Fla.*

MY DEAR SIR—As requested in yours of Feb. 7th, just to hand, I have recommended to the Secretary of the Navy that the vessels of the North Atlantic Squadron be allowed to visit Key West before leaving the waters of the Gulf, and trust that the matter will receive his favorable consideration.

Very truly yours,
JAS. P. TALIAFERRO.

WASHINGTON, Feb. 12, 1901.

SIR—The receipt is acknowledged of your letter of February 7th again inquiring as to the conditions which make it preferable, in the opinion of the Department, that the vessels of the North Atlantic Squadron coal at Pensacola rather than at Key West.

While it is true that the Government has erected a coaling plant at Key West, the natural advantages of Pensacola are such, including the deep water entrance, secure and sheltered anchorage, and excellent drill grounds, that the Department deemed it wise to arrange to coal the fleet there and to have it spend a large part of its winter drill period at that port.

The large vessels cannot anchor inside of Fort Taylor, and it is unlikely that at this period the Department will be able to alter the itinerary of the North Atlantic Squadron to include the port of Key West.

The Bancroft will visit Key West very soon, having this day sailed for that port from Colon.

The Department regrets its inability to meet your wishes.

Very respectfully,

JOHN D. LONG, Secretary.

Mr. Geo. S. Waite, President Merchants' Protective Association, Key West, Florida:

It will be seen from the foregoing that some action must be taken towards having the harbor put in such condition that the largest vessels of the navy can anchor in it with safety. Our pilots say that it is already so, but we must satisfy the Secretary of War that it is.

RESOLUTION PASSED BY THE LEGISLATURE OF FLORIDA.

A MEMORIAL to the Congress of the United States Requesting That the Tortugas Group of Islands be Restored to the Treasury Department of the United States to be Used for Quarantine purposes of the Government.

WHEREAS, The Tortugas Group of Islands have been used by the Treasury Department of the United States for many years for quarantine purposes, and are by their location peculiarly adapted to protect the health of the Gulf States, and particularly of Florida; and

WHEREAS, Congress has authorized the surrender of these islands to the Navy Department, and has provided for the abandonment of the Quarantine Station located thereon and its removal to Mullet Key, in Tampa Bay, which is already, by license of the United States, utilized as a State Quarantine Station that amply protects the commerce of Tampa Bay; and

WHEREAS, The contemplated use of Mullet Key by the United States as a general *refuge* station for treatment of vessels with contagious and infectious diseases in connection with the proposed Quarantine Station threatens the health of the people of Florida, because of the nearness of Mullet Key to thickly settled localities on Tampa Bay, and to the military post on Mullet Key:

Be it resolved by the Legislature of the State of Florida:

That the Senators and Representatives of the State of Florida in the Congress of the United States be, and they are hereby earnestly requested, to protest against the abandonment of the Tortugas Group of Islands by

the Government of the United States as a general refuge station, and the establishment of such refuge station on Mullet Key.

JOHN W. WATSON,
Speaker of the House.

THOMAS PALMER,
President of the Senate.

W. S. JENNINGS,
Governor.

Approved April 10, 1901.

(Editorial from the Florida Times-Union and Citizen of Feb. 22, 1901)

CLIMATIC DISEASES.

It is the unknown that appeals to man as the chiefest of terrors—the man who confronts the new and untried has been accounted the bravest, since Homer sang the praises of Ulysses. Our race sprang from the North, and since our fathers drew out from the snow-laden forests of Germany, the wind-swept marshes of the Netherlands and the icy wastes of Scandinavia, we have dreaded the diseases of the tropics and the warmer climates. Strongly as statistics appeal to our practical senses, figures speak in vain when they show that the pulmonary affections slay their hundreds while fevers reap the harvest of tens, that catarrhs cause more suffering than the lassitude of the extreme South, and that pneumonia, rheumatism and others must be added to the grim list of ills that we need never know.

Florida has conquered the yellow fever that once made her development impossible, but its terror abides. Show that consumption has slain more in one year at the North than fevers have done in the South for ten times the same period and population in the South, and you have no man from the threatened district—let there come a whisper of yellow fever here and a shudder runs through the nation. Smallpox was lately prevalent throughout the West—was there an exodus?

Danger is like sin—we grow indifferent to that with which we are familiar. Now that we have overcome the

enemy we boast, but we should not forget that eternal vigilance should be our best safeguard. Because we are safe in the present, should we abandon our first line of defense for the future? We hope every friend of Florida will join in the demand that the Navy leave the Tortugas to the Treasury Department for the use of the Marine Hospital Service—the interests of the nation and of our commerce alike make the same demand. On this field Florida does not defend herself alone.

Resolution passed by the Florida Medical Association in Annual Session at Jacksonville, April 11, 1901.

WHEREAS, This Association has been informed through the extended exposition of the State Health Officer of the advantages and blessings of Tortugas as a Quarantine Station, and of the futility of the place as a military or naval center; be it

Resolved, by this Association, which represents the health interests of the people of Florida, that we enter our earnest protest against the change of the purposes of the location from its only proper use as a beneficial sanitary safeguard into a man-killing, money-wasting and pension-producing establishment, so-called a naval station, and that in the interests of the States of Texas, Louisiana, Mississippi and Georgia and our own State directly, and all the other states indirectly, we, as a medical society, and as citizens of the United States, most anxiously and respectfully appeal to the Senators and members of Congress of Florida to use their influence to force the return of the Tortugas from the control of the Navy Department to the Treasury Department, that the islands may be set apart as safeguard for the Gulf and South Atlantic ports against yellow fever, and for the prompt succor of distressed seamen, so long as quarantine diseases threaten the comfort and lives of our people.

A. J. WAKEFIELD, President.
J. D. FERNANDEZ, Secretary.

Extract from the Transactions of the Tennessee State Medical Society for 1901 (meeting held at Nashville, April 10, 1901):

Dr. Deering J. Roberts offered the following resolution, which was adopted:

RESOLVED, That the Medical Society of the State of Tennessee desires to place itself on record as being in favor of establishing a Quarantine Station on Tortugas Island.

DEERING J. ROBERTS, M. D.,
President.

A. B. COOKE, M. D.,
Secretary.

W. H. SANDERS,
State Health Officer.

W. R. BRASSELL,
Chief Clerk.

THE MEDICAL ASSOCIATION OF THE STATE OF
ALABAMA.

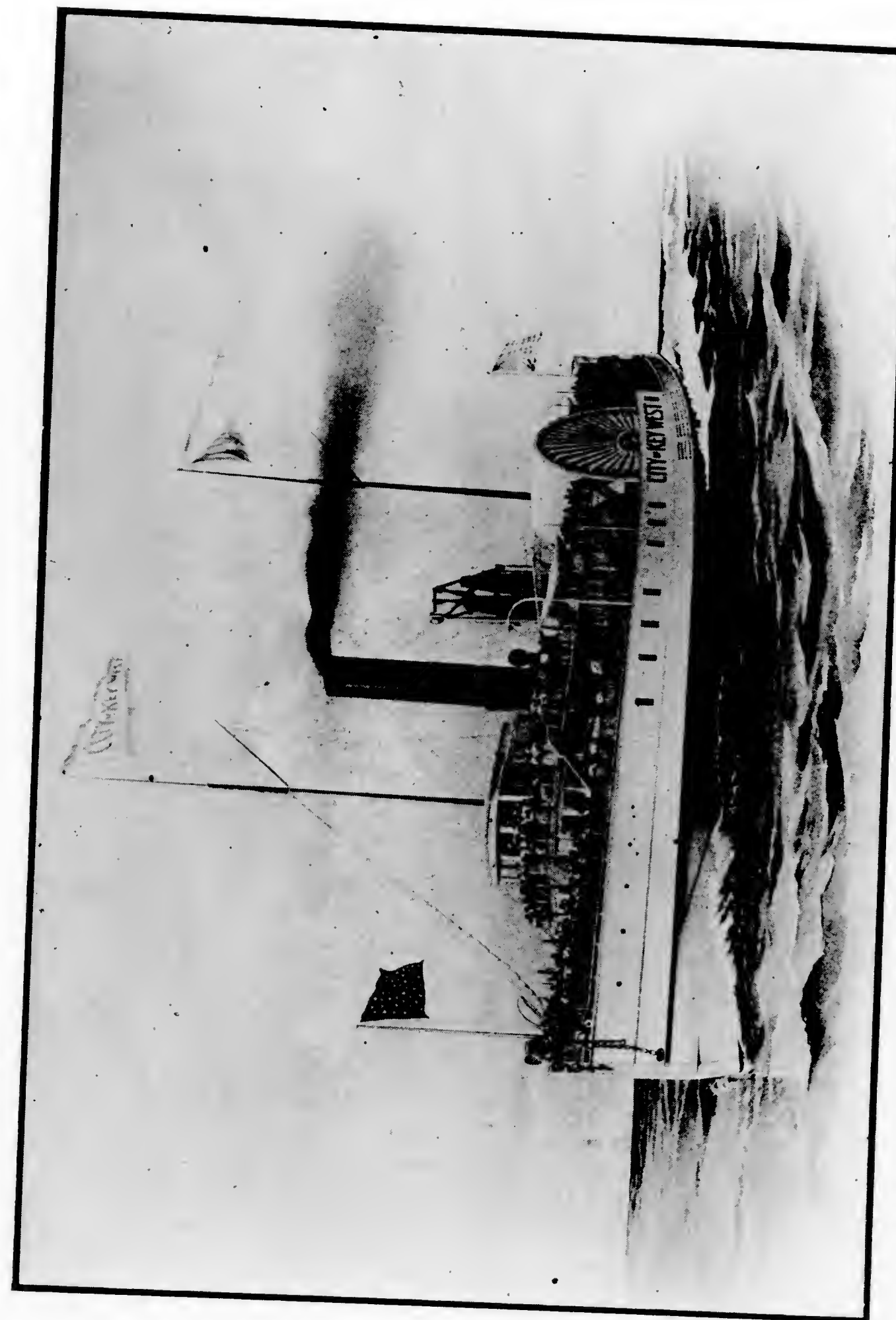
THE STATE BOARD OF HEALTH.

MONTGOMERY ALA., April 23, 1901.

At the recent meeting of our State Medical Association, which is our State Board of Health, the following action was taken:

Information has reached this Board that Dry Tortugas, an island seventy miles west of Key West, Fla., and which, heretofore, has been a Government refuge station for infected ships, has been discontinued for such purpose by the Government, with the intention of converting it into a naval station. The health authorities of Florida, believing the island valuable and essential as a disinfecting station for ships, and not suitable for a naval station, are vigorously opposing the proposed change.

Whilst this Board does not claim to possess adequate information in order to express any positive opinion as to the merits of the matter, it has no hesitation in declaring that there should exist at points in the Gulf of Mexico



Steamship "City of Key West."

refuge stations for infected ships sufficiently removed from the mainland as to prevent all possibility of endangering places on the Gulf Coast.

E. L. MARECHAL,
President.

G. P. WALLER,
Secretary.

RESOLUTION ADOPTED BY THE LOUISIANA
MEDICAL SOCIETY, APRIL 20, 1901.

During the afternoon the following resolution was introduced by Dr. L. G. LeBoeuf and seconded by Dr. E. D. Newell, and after a little discussion passed:

We desire to express our strong disapproval in the removal or proposed discontinuance of the United States Quarantine Station at Tortugas, and we believe that we have a right to voice our opinion on this important subject more than any one else, as we are situated at the very gate of this great valley. We should strengthen our barriers and means of prevention against all contagious and infectious diseases, which may be introduced through our Gulf Coast. Tortugas is the first sentinel in our line of defense, and if that is lost our serried ranks will be broken, our flanks are exposed, as it were, and the risk of transmission of tropical affections much greater to the country. Hence it is suggested that this be embodied in a motion of disapproval, which would be presented to our Senators and Congressmen in Washington for their consideration, urging them to oppose this proposed removal as a menace to the health and prosperity of the entire South.

T. E. SCHUMPERT,
President.

H. B. GESSNER,
Secretary.

NEW ORLEANS BOARD OF HEALTH.

At a meeting of the Board of Health of the City of New Orleans, held May 13, 1901, the following resolution was unanimously adopted:

Resolved, That this Board of Health petition the proper authorities to continue without disturbance the Quarantine Station at Tortugas.

(Signed)

Q. KOHNKE,
Chairman.

SIDNEY L. THREAD,
Secretary.

RESOLUTIONS.

PASS CHRISTIAN, MISS., May 1, 1901.

WHEREAS, We believe the care of the public health to be the first and most important duty of any Government; and

WHEREAS, The United States has wisely undertaken to protect its inhabitants from the introduction of foreign plagues, and also the transmission of contagious diseases from one place to another in its own territory; and,

WHEREAS, We believe such a course essentially right and proper; therefore

Resolved, By the Gulf Coast Medical Association, representing the Coast counties of the State, and in regular meeting assembled—

1st. That we believe a grievous mistake is being made in the abandonment of Tortugas as a Quarantine Station and its occupancy by the Navy.

2nd. That it is the sense of this Society that the danger to the towns along this Coast and to the people of the State will be greatly increased by the extra number of vessels obliged to seek refuge and quarantine accommodation at Ship Island, to say nothing of added inconvenience and expense to shipping.

3rd. That we endorse the arguments and the conclusions of the State Health Officer of Florida on this subject as published under the head of "Absorption of Tortugas Group by the Navy."

4th. That we appeal to our representatives in Congress to aid in an effort to restore to the Treasury Department these islands for the use of the Marine Hospital Service as a National Quarantine Station.

5th. That in the adoption of the foregoing resolutions we intend no indignity to our Government, but simply to express our great regret and to enter an earnest protest against the measure which jeopardises our health interest by taking from us a large per cent. of the forces which have heretofore been employed for our protection, especially from yellow fever with its horrors and hardships.

B. F. DUKE, M. D.,
President.

J. N. RAPE,
Secretary.

RESOLUTIONS PASSED BY THE ESCAMBIA COUNTY MEDICAL SOCIETY.

HALL, MEDICAL SOCIETY,

PENSACOLA, FLA., July 25, 1901.

WHEREAS, The Quarantine Station heretofore conducted at Tortugas has been discontinued by the Federal Government, and as such Station was a necessary safeguard to Pensacola and adjacent ports;

WHEREAS, This port receives over three hundred (300) vessels per year from foreign ports and is more exposed to the risk of infection than any other port, except one, in the Gulf and South Atlantic, and during the first half of 1901 has cared for at least four vessels from plague infected ports which would have been cared for at Tortugas if that Station had been in operation; and

WHEREAS, Over fourteen million dollars (\$14,000,000) worth of exports were shipped from Pensacola in the past year; be it

Resolved, By the Pensacola Medical Society that we consider the disturbance of Tortugas Quarantine Station as a great error, and earnestly request our delegates in Congress to use their best endeavors to have the Station restored. This in the interest of Pensacola, the State of Florida and the entire country.

E. F. BRUCE,
President.

W. C. DEWBERRY, Secretary.

RESOLUTIONS PASSED BY THE MISSISSIPPI
STATE MEDICAL ASSOCIATION.

MAY 10, 1901.

WHEREAS, The Government has removed the Quarantine from Dry Tortugas; and,

WHEREAS, We believe this will still further endanger the Mississippi Coast by sending more infected vessels to Ship Island, because of the close proximity to the shore and shipping of the Island:

Resolved, 1st. This Association reiterates its earnest protest against making this a refuge station and believe a grievous mistake has been made in the abandonment of Tortugas as a Quarantine Station;

2nd. That it is the sense of this Association that the danger to the people of Mississippi will be greatly increased by the extra number of vessels obliged to seek refuge and quarantine accommodations at Ship Island, to say nothing of added inconveniences and expense of shipping.

3rd. We appeal to our representatives in Congress to aid in an effort to restore to the Treasury Department these islands for the use of the Marine Hospital Service as a National Quarantine Station.

(Signed.)

W. T. BOLTON.

H. A. GANT.

H. H. HARALSON.

W. G. KIGER.

J. D. SMYTH.

Committee

J. M. BUCHANAN.

President.

C. H. TROTTER,
Secretary.

LETTER FROM S. R. MALLORY.

UNITED STATES SENATE.

PENSACOLA, July 27, 1901.

MY DEAR DOCTOR—Your note of the 26th instant, enclosing resolutions of the Medical Society relative to the restoration of Tortugas as a quarantine station, is at hand.

I cordially and heartily agree with the society's views on the subject, and will do all in my power to induce the Government to reconsider its action by which Tortugas was turned over to the Navy for a coaling station. The custody of these islands was taken away from the Treasury Department and vested in the Navy Department some eighteen months or two years ago, and the last Congress appropriated \$100,000 for the purpose of improving the Tortugas channel and anchorage, with the purpose of establishing a coaling station for the navy.

I am quite sure that a sum not much larger than that judiciously expended on the channel and harbor of Key West would make the latter equally as eligible as such coaling station, with advantages in other respects that Tortugas does not possess.

I expect to visit Washington in a few days, and will take occasion to give my views on this subject to the Secretary of the Navy, the Secretary of the Treasury and Surgeon-General Wyman.

I have no hesitation in saying that Tortugas is the only location in the lower Gulf for such a Quarantine Station as the Society refers to.

Very truly, etc.,

(Signed) S. R. MALLORY.

To W. E. Anderson, City.

LETTER FROM CONGRESSMAN S. M. SPARKMAN.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C.

TAMPA, FLA., August 1, 1901.

(Copy.)

Hon. Joseph Y. Porter,

State Health Officer,

Jacksonville, Fla.

MY DEAR SIR—I have yours of the 31st ult., enclosing copy of resolutions passed by the Escambia County Medical Society, of Pensacola, Fla., asking the restoration of the Tortugas Islands to the U. S. Treasury De-

partment for quarantine purposes, and in reply beg to say that it will afford me much pleasure to aid in the laudable effort to have these islands again used by the Treasury Department.

I heartily endorse the resolution and shall do what I can to carry it out.

With my best wishes,

Yours very truly,

(Signed) S. M. SPARKMAN.

(Editorial from the New York Herald of May 19, 1901.)

THE BUBONIC PLAGUE AND NATIONAL QUARANTINE.

By the people in this country the real gravity of the plague invasion of other portions of the globe can hardly be appreciated. In fact, it is not likely that we shall take the situation really to heart until the disease actually appears in some of our ports.

The cable dispatches which constantly appear in the *Herald* show an alarming prevalence along the shores of the Red Sea, in India, in South America and in New Caledonia. In Manila it has also gained a secure foothold, as well as in Australia, and the last intelligence points to an ominous denial of its appearance in San Francisco.

Although it is well known that the white race is not so prone to attack as the Asiatics, recent statistics have shown that the former are not immune, in spite of the sanitary precautions usually adopted.

The alarming rapidity with which the scourge spreads when it once gets a start, its high rate of mortality and the difficulties encountered in attempts at stamping it out are very striking object lessons even at this distant point of observation.

All of this goes to prove the high value that should be placed on precautionary measures against its possible appearance in any of our ports. So far we appear to be safe, but for how long we cannot say.

No better argument could be offered in favor of national quarantine than is afforded by the present out-

look. The Marine Hospital Service has done excellently so far, but its powers are not yet sufficient to compass all the conditions of absolute safety. Congress has now the opportunity either to give it more scope or to run the risk of indorsing other schemes that are far less promising of immediate results.

FURTHER COMMENTS.

1. The remarkable progress made in the solution of yellow fever problems in the past year is gratifying and gives assurance of ultimate success in finding the proper method for the restriction, if not of the abolition of the disease, but old-fashioned yellow fever yet exists and is a menace to a large area of this country; it will continue to be a menace, if not a death and panic producer, for many years. There is no reason to expect the comparative security now enjoyed from Cuba when that country undertakes self-government.

2. Cholera has once invaded the country by the Gulf route.

3. The persistence of the plague in California against the combined efforts of city, State and National Governments should serve as a wholesome warning to legislators who have an opportunity to perform an act of prudence and forethought.

4. A part of our possessions is now suffering with famine in consequence of the prolonged existence of plague.

5. The infection of a new country with plague is reported now and again; the report of its presence in a new town is given out about once a month.

6. Those who have insisted that plague has started on a Pandemic Tour are receiving frequent points in evidence of the correctness of their forebodings. Unfortunately for the local health officials, plague is the most difficult pest to recognize and eradicate; a potent argument for not permitting a foothold.

7. Vessels from plague ports have been given quarantine treatment during the past summer in many, too many, local Quarantine Stations from which rats can reach the mainland by swimming. Plague always exists in a place before the fact is known.

8. The result of about a year's control of Tortugas by the Navy is summed up in reporting the warning off of several merchant vessels that ignorantly called there for quarantine treatment, and the burial of a marine who committed suicide.

9. The present rate of expenses for sustaining the small garrison is about \$30,000.00 per year, twice the sum required to conduct a Quarantine Station.

10. If, theoretically, the islands were ever necessary as a war point, the actual necessity ceases when the United States control of Havana is assured. It seems that if Havana had been American, Tortugas would never have been molested in her beneficent work.

11. Already comments are made on the risks to the garrisons of Fort Dade and Fort De Soto through the proximity of the Mullet Key Station. To use Mullet Key as a relief point for actually infected vessels will cause great excitement among the people of the nearby mainland, and will make the region almost unfit to live in for three or four months in every year.

12. There can be no rational objections to the use by the Navy of Tortugas Harbor for winter maneuvers, and of the coal and water to be stored there. The latter could be taken during the greater part of the summer without danger to crews; thus there might be some result to that service for the enormous sums paid for sheds and apparatus and the \$100,000 spent for dredging the past summer.

13. It will be most costly and irrational to fortify the place sufficiently to protect the coal and water it is proposed to store there.

14. *This is an appeal to Congress that does not ask for an appropriation.* It is an appeal in the interest of the people, including the Navy, which, if properly heeded, will conserve life and home comforts, and also save money and prevent distress.

15. Medical societies, local and State, Boards of Health generally, and all publicists, are earnestly requested to use their influence in every available manner in procuring the re-transfer of Tortugas to the Treasury Department for quarantine purposes.

